Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 16-30**, **2007.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMD	Annageral	No	0348-004
OMB	Approval	NO.	0.348-004

APPLICATION I FEDERAL ASSIS		CE		2. DATE SUBMITTED 6/12/07			Applicant Identifier	
1. TYPL OF SUBMISSIO				3. DATE RECEIVED BY	STATE		State Application Identifier	
Application ☐ Construction		Preapplication Construction						
✓ Non-Construction		□ Non-Construction						
				4. DATE RECEIVED BY	Y FEDERAL	L AGENCY	Federal Identifier	
5. APPLICANT INFORM Legal Name	ATION			Organizational Unit:				
	Metropol	litan Transportation A	uthority	1 -	& Policy	Analysis		
Address (give city, state, an	d zip code)	:		Programming & Policy Analysis Name and telephone number of the person to be contacted on matters involving this application (give area code)				
One Gateway								
Los Angeles,	Califor	rnia 90012-2952		Kathy Banh (213) 922-7635	5			
6. EMPLOYER IDENTIF		NUMBER (EIN):		7. TYPE OF APPLICAN	NT: (enter aj	ppropriate letter	r in box) N	
8. TYPE OF APPLICATI				A State H I	ndependent	School Dist.		
□ New □ Con	tinuation l	⊠ Revision – A (Increase	e of Award)	C Municipal J D Township K	State Contro Private Uni Indian Trib Individual	versity	of Higher Learning	
If Revision, enter appropr	iate letter(s) in box(es):		E Interstate L F Intermunicipal M G Special District M	1 Profit Or			
A Increase Award E D Decrease Duration	Decrease		ation			• • • • • • • • • • • • • • • • • • • •		
D Decrease Duration	Other (spec	cijy)		State Chartered 9. NAME OF FEDERAL				
				Federal Trans			ALE SECTION AND ADMINISTRATION OF THE ADMINISTRATION OF THE ADMINISTRATION OF THE PROPERTY OF THE ADMINISTRATION OF THE ADMINISTRATI	
10. CATALOG OF FEDE		MESTIC		11. DESCRIPTIVE TIT			OJECT: CL. VE	
ASSISTANCE NUMBER TITLE 49 U.S.C. § 5307/5340			Growing States -	- PM Rail	, CA-90-Y5	Paragraph Paragraph		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)		STATE						
County of Los Angeles, CA						STATE CLEARING HOUSE		
13. PROPOSED PROJEC	Т	14. CONGRESSIONAL	DISTRICTS OF					
Start Date		Ending Date a	. Applicant			b. Project		
7/1/06		6/30/08	Districts 24 thi	rough 39, and 41		Same as	s Applicant	
15. ESTIMATED FUNDI	NG S	6,605,974.00	-				E ORDER 12272 PROCESS? VAILABLE TO THE STATE EXECUTIVE	
a receial	3	0,003,974.00		372 PROCESS FOR REV		***************************************	VINEARED TO THE STATE EARESTIVE	
			DATE6/3	12/07				
			b NO PR	OGRAM IS NOT COVER	RED BY E O	12372		
				PROGRAM HAS NOT BI	EEN SELEC	TED BY STA	TE FOR REVIEW	
b Applicant	\$.00						
c State	\$.00						
d Local	\$	1,651,494.00						
e Other	\$.00	12 10 00000 1 0000 10	NAME OF LINOVIDATE ON	ANNAREDE	DAT DEDE		
f Program Income	\$.00		CANT DELINQUENT ON Yes" attach an explanation	ANY FEDE			
g TOTAL	\$	8,257,468.00						
18. TO THE BEST OF MY K GOVERNING BODY OF THE	NOWLEDG APPLICAN	E AND BELIEF, ALL DATA NT AND THE APPLICANT W	IN THIS APPLICATION P	REAPPLICATION ARE TRU E ATTACHED ASSURANCES	E AND CORI	RECT. THE DOG SISTANCE IS AV	CUMENT HAS BEEN DULY AUTHORIZED BY THE VARDED	
a Typed Name of Authoriz	zed Repres	entative			b Title		c Telephone number	
GLADYS LOWE					Director Regional P	rogram Manag	gement (213) 922-2459	
d. Signature of Authorized	Represen	tative			e. Date Sigi	ned 7 /0 1	1	
Previous Editions Not Usal	ole	<u> </u>				7		

<u>-</u>)		OMB Number: 4040-0004 Expiration Date: 07/31/2006
Application for F	edera	Assistance SF-424		Version 02
16. Congressional Dis	stricts O	f:		
a. Applicant CA-	-52		* b. Program/Project 5	50,53
Attach an additional lis	it of Prop	ram/Project Congressional Districts if ne		
		Seato And Enment's Delete	e Attachment View Attachment	
17. Proposed Project	:	V		
a. Start Date: 01-0	1-2007] .	* b. End Date: 0	3-31-2008
18. Estimated Fundin	ıg (\$):	VIII		
a. Federal	<u></u>	\$409,144.00	D A JAYA b A	7074 #-4
b. Applicant		All Market and All Ma	Post-It™ brand fax transmittal n	
c, St ate			CO. STATE CLEATING house	From Ferdinand ALJIAIR Co.
d. Locai			Dept.	Phone # 818 - 186 - 2630
e. Other			Fax# 916-323-348	Fax # 818- 186- 2601
* f. Program Income		and the second s	0/10 327 3018	8/8- 180, 2001
g. TOTAL		\$409,144.00 o Review By State Under Executive O	S.	
Yes 21. "By signing this a heroin are true, comcomply with any roamay subject me to comply "I AGREE" The list of certificati specific instructions.	No applicati uplete a ulting to riminal	ent On Any Federal Debt? (If "Yes", Explanation on, I certify (1) to the statements cont ad accurate to the best of my knowled orms if I accept an award. I am aware civil, or administrative penalties. (U.	alned in the list of certifications** and ige. I also provide the required assur that any false, fictitious, or fraudulent S. Code, Title 218, Section 1001)	t statements or claims
Authorized Represe	ntatíve:			
Prefix: Mr.	=/2	* First Name:	Raymond	
Middle Name: A. *Last Name: Fer	nande	7		
Suffix:	· · · · · · · · ·		n/= 1/10mg	
	ion Co	ntrol Officer (Acting)		
*Telephone Number:			Fax Number: (858)586-2	<u>-</u> '
p		The Late of the Control of the Contr		AV7
		andez@sdcounty.ca.gov	/ - - - - - - - - - -	
* Signature of Authorized for Local F		Magne 13 . The	Date Signed: RECE JUN 1	Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-10
				RING HOUSE

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Iden	tifler N/A
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY S		State Applicati	
▼ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier 06-01639
☐ Non-Construction	☐ Non-Construction				
5. APPLICANT INFORMATION			Organizational Uni	t:	
Legal Name: California - De	epartment of Parks a	and Recreation			ent of Park and Recreation
Organizational DUNS: 17207	0807	There is a warmen and the second seco	Division: Office of		
Address	Paris James	CEWED	Name and telepho	ne number of pe	rson to be contacted on matters
Street: PO Box 942896			involving this applements: Ms.		Betty
	JU	N 1 9 2007	Middle Name		selly
City: Sacramento	STATE	TEADING HOUSE	Lost Namo		
County: Sacramento	2	CLEARING HOUSE	Lilli	nger	
State: California	Zip Code 94296-00	01	Suffix:		
Country: USA			Email: betti@pa	rks.ca.gov	·
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give	e area code)	Fax Number (give area code)
68 - 0303606			(916) 651-817	4	(916) 653-6511
8. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)
☑ Ne If Revision, enter appropriate let		n 🗌 Revision	A. State		
(See back of form for description	of letters.)	,	Other (specify)		
Other (specify)	l i	1d		nent of Interior	r, National Park Service
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program):		15 - 916	Date Street Pa	rk Rehabilitation	on
La	nd & Water Conser		City of Live Oa		
12. AREAS AFFECTED BY PF	ROJECT (Cities, Countie	s, States, etc.):	9955 Live Oak		
06-			Live Oak, CA 9		OF:
13. PROPOSED PROJECT Start Date:	Ending Date: 06/2	0/0044	a. Applicant 03	NAL DISTRICTS	b. Project 02
	06/3	0/2011 	1	ON SUBJECT TO	REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:					
a. Federal		264,147.00		PREAPPLICATION ABLE TO THE ST ESS FOR REVIE	N/APPLICATION WAS MADE FATE EXECUTIVE ORDER 12372
b. Applicant \$		264,147.00		6/19/6	
c. State					
d. Local	·		D. NO.		VERED BY E. O. 12372
e. Other			☐ FOR F	EVIEW	OT BEEN SELECTED BY STATE
f. Program Income	S		17. IS THE APPLI	CANT DELINQUE	ENT ON ANY FEDERAL DEBT?
g. TOTAL		528,294.00			
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	E GOVERNING BODY OF	PLICATION/PREAPI THE APPLICANT A	PLICATION ARE ND THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative			a as 1	dla Niana	
Prefix Ms.	First Name Betty			dle Name	
Last Name Ettinger			Suf		
^{b. Title} Assistant Chief				elephone Numbe (916) 653-7423	
d. Signature of Authorized Rep	resentative		e. D	ate Signed	

FEDERAL ASSISTANC	·F	2. DATE SUBMITTED	D	Applicant Ide	Version 7.	
1. TYPE OF SUBMISSION:	· —	3. DATE RECEIVED			ation Identifier	
Application	Pre-application			''		
Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Ident	tifier	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
Legal Name:			Organizational Unit:			
COYOTE VALLEY MUTUAL W	VATER COMPANY		Department:			
Organizational DUNS:	07700004		Division:			
Address:	97729221		Name and telephone	number of pe	erson to be contacted on matter:	
Street:	- the section of the	The second secon	involving this applica	ation (give are		
1161 IMPERIAL HIGHWAY	PO BOX 126		Prefix:	First Name:	MRECEIVED	
City: OCOTILLO			Middle Name L.		THOUND	
County: IMPERIAL			Last Name	MDAL	JUN 1 9 2007	
State: CA	Zip Code 92259		Suffix:		CTATE OF EARTH A	
Country:	- L		Email:		STATE CLEARING HOUSE	
USA 6. EMPLOYER IDENTIFICATION	ON NUMBER (FIN)		Phone Number (give ar	ea code)	Fax Number (give area code)	
			760-791-1410	5550)	(give alea code)	
9 5 - 1 8 7 5 6 1 2 8. TYPE OF APPLICATION:			İ	NT: (See bac	k of form for Application Types)	
V Ne	w 🔲 Continuation	n Revision	0	(000 bad	in or form for application Types)	
f Revision, enter appropriate let See back of form for description	tter(s) in box(es)		Other (specify)			
·	,		N		ER COMPANY	
Other (specify)			9. NAME OF FEDERA USDA RURAL DEVEL	L AGENCY: OPMENT		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TIT	LE OF APPLI	CANT'S PROJECT:	
TITLE (Name of Program):		10-760			ATER PIPELINE BETWEEN R COMPANY AND OCOTILLO	
12. AREAS AFFECTED BY PR	· · · · · · · · · · · · · · · · · · ·			MPANY - APP	ROXIMATELY 1 MILE	
12. AREAS AFFECTED BY PR PORTIONS OF OCOTILLO, IM	ROJECT (Cities, Counties,		MUTUAL WATER COI	-	ROXIMATELY 1 MILE	
12. AREAS AFFECTED BY PR PORTIONS OF OCOTILLO, IM 13. PROPOSED PROJECT	ROJECT (Cities, Counties, IPERIAL COUNTY, CA Ending Date:	States, etc.):	14. CONGRESSIONAL a. Applicant	DISTRICTS	OF: b. Project	
12. AREAS AFFECTED BY PR PORTIONS OF OCOTILLO, IM 13. PROPOSED PROJECT Start Date: SPRING 2007	ROJECT (Cities, Counties, IPERIAL COUNTY, CA Ending Date:		14. CONGRESSIONAL a. Applicant CA 51-	DISTRICTS	OF: b. Project CA 51 - FILNER	
12. AREAS AFFECTED BY PR PORTIONS OF OCOTILLO, IM 13. PROPOSED PROJECT Start Date: SPRING 2007	ROJECT (Cities, Counties, IPERIAL COUNTY, CA Ending Date:	States, etc.):	14. CONGRESSIONAL a. Applicant CA 51 - 16. IS APPLICATION S ORDER 12372 PROCE	DISTRICTS FILNER SUBJECT TO SS?	OF: b. Project CA 51 - FILNER REVIEW BY STATE EXECUTIVE	
12. AREAS AFFECTED BY PR PORTIONS OF OCOTILLO, IM 13. PROPOSED PROJECT Start Date: SPRING-2007 15. ESTIMATED FUNDING:	ROJECT (Cities, Counties, IPERIAL COUNTY, CA Ending Date:	States, etc.): MER 2008	14. CONGRESSIONAL a. Applicant CA 51- 16. IS APPLICATION SORDER 12372 PROCE	DISTRICTS FILNER SUBJECT TO SS? APPLICATION	OF: b. Project CA 51 - FILNER REVIEW BY STATE EXECUTIVE	
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I2. AREAS AFFECTED BY PR PORTIONS OF OCOTILLO, IM I3. PROPOSED PROJECT Start Date: SPRING 2007 I5. ESTIMATED FUNDING: a. Federal b. Applicant c. State f. Local c. Other Frogram Income f. TOTAL s. TOTAL s. TO THE BEST OF MY KNO OCUMENT HAS BEEN DULY TTACHED ASSURANCES IF T	ROJECT (Cities, Counties, IPERIAL COUNTY, CA Ending Date: SUMI WLEDGE AND BELIEF, AUTHORIZED BY THE G	States, etc.): MER 2008 744,750 .00 43,900 .00 .00 .00 .00 788,650 ALL DATA IN THIS APROVERNING BODY OF	MUTUAL WATER COI 14. CONGRESSIONAL a. Applicant CA 51 - 16. IS APPLICATION SORDER 12372 PROCE a. Yes. AVAILABLE PROCESS DATE: b. No. PROGRAM OR PROGRAM TO	DISTRICTS FILNER SUBJECT TO SS? APPLICATION TO THE STA FOR REVIEW TO BELINQUEN TO BELINQUEN TO ELINQUEN TO ELINQUEN TO EXPLANATION ARE TO	OF: D. Project CA 51 - FILNER REVIEW BY STATE EXECUTIVE /APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 ON ERED BY E. O. 12372 T BEEN SELECTED BY STATE NO NO NO No	
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Application for	Federal Assis	tance	SF-424		•	Version 02		
* 1. Type of Submiss	sion:	* 2. Туј	oe of Application:	* If Revision, select appropriate	letter(s);			
Preapplication		√ New	1					
Application		☐ Con	tinuation	* Other (Specify)				
Changed/Correct	ed Application	Rev	ision					
* 3. Date Received:		4. Appl	icant Identifier:					
Completed by Grants.gov	v upon submission.	117893	1529-6774					
5a. Federal Entity Id	lentifier:			* 5b. Federal Award Identific	er:			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
State Use Only:					_			
6. Date Received by	State:		7. State Application	on Identifier:	AND STATE OF THE PARTY OF THE P			
8. APPLICANT INF	ORMATION:		<u></u>		Second of Second W. Second Second			
* a. Legal Name: F	lousing Services At	filiate (H	SA) of BHNC	AND THE RESERVE THE PROPERTY OF THE PROPERTY O	JUN 1 9 2007			
* b. Employer/Taxpa	yer Identification N	lumber (f	EIN/TIN):	* c. Organizational DUNS:	STATE CLEARING HOUSE			
943142001	*	***************************************		809002637	STATE OLIMATINO	P.		
d. Address:								
* Street1:	515 Cortland Ave		and the second of the second o	A Linda Anna Anna Anna Anna Anna Anna Anna A				
Street2:	The state of the s							
* City:	San Francisco							
County:	San Francisco					10. 12. 17. 17. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1		
* State:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CA: California				
Province:	5, p., p 1 to the 1 to 1 t	man or a resident to the organism	\$\$\tag{\tag{\tag{\tag{\tag{\tag{\tag{	\$ 100 mm and 100 mm an				
* Country:	A 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ye en egoes men a se assessance.	New York - Service - Servi	USA: UNITED STATES				
* Zip / Postal Code:	94110	*************************	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
e. Organizational	Unit:							
Department Name:	annana mu a a a a annah dahar shidhadil il a ay bada, kabanagan nagana kut			Division Name:				
Housing Departmen		**********						
f. Name and conta	ct information of	person	to be contacted or	n matters involving this appl	cation:			
Prefix: Ms.			* First Na	me: Shannon				
Middle Name:			000 000 1 1 2 2 00 0 0 0 0 0 0 0 0 0 0 0	A CONTRACTOR OF THE CONTRACTOR	, — — — — — — — — — — — — — — — — — — —			
* Last Name: Dod	lge							
Suffix:					And the second of the second o			
Title: Housing Dire	ector		1949 S 1884 1884 1884 1884 1884 1884 1884 18		100 A 100 C 100 F 100 C			
Organizational Affilia		······································			110,0 to the same and the same			
Bernal Heights Neig	hborhood Center		**************************************					
* Telephone Numbe	r: (415) 206-2140	ext. 150		Fax Number:	(415) 648-0793			
* Email: sdodge@	@bhnc.org							

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
. M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Гуре of Applicant 3: Select Applicant Type:	
Olher (specify):	
10. Name of Federal Agency:	
US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	·
14.181	
CFDA Title:	
Supportive Housing for Persons with Disabilities	
12. Funding Opportunity Number:	
FR-5100-N-05	
Title:	
13. Competition Identification Number:	national desiration and the second se
S811	
13. Competition Identification Number: S811 Title:	
S811	
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S811 Title:	
Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City and County of San Francisco	
Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City and County of San Francisco	
Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City and County of San Francisco	
Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City and County of San Francisco State of California	
Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City and County of San Francisco State of California * 15. Descriptive Title of Applicant's Project: 29th Avenue Apartments	
Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City and County of San Francisco State of California * 15. Descriptive Title of Applicant's Project: 29th Avenue Apartments	
S811	

№005/010

Application	for Federal Assistanc	e SF-424	Version 02
16. Congression	nal Districts Of:		
* a. Applicant	CA-008		* b. Program/Project CA-008
Attach an addition	onal list of Program/Project (Congressional Districts if nee	eded.
	The Date was a second of the s	Add Attachment	to Japane A. J. Store Cita all series
17. Proposed P	roject:		
* a. Start Date:	10/01/2007		* b. End Date: 03/17/2010
18. Estimated F	unding (\$):		
* a. Federal		2,336,047.00	
* b. Applicant		12,500.00	
* c. State		2,943,503.00	
* d. Local		5,076,629.00	
* e. Other	(**************************************	165,000.00	
* f. Program Inc	ome	0.00	
* g. TOTAL		10,533,679.00	
21. *By signing herein are true comply with ar may subject m	this application, I certify, complete and accurate try resulting terms if I acceet to criminal, civil, or adm	o the best of my knowledgept an aware t ninistrative penalties. (U.S	alned in the list of certifications** and (2) that the statements ge. I also provide the required assurances** and agree to that any false, fictitious, or fraudulent statements or claims is. Code, Title 218, Section 1001)
specific instruct			
Authorized Re		* F1 A1	Locales
Prefix:	Ms.	* First Name:	Jessica
Middle Name: * Last Name:	Fyles		
Suffix:	Fyles]	
· · · · · · · · · · · · · · · · · · ·	Draiget More]	
	ng Project Manager		
* Telephone Nu	mber: (415) 206-2140 ext.	147	Fax Number: (415) 648-0793
* Email: jfyle:	s@bhnc.org		
* Signature of A	uthorized Representative:	Completed by Grants.gov upon sut	bmission. • Date Signed: Completed by Grants.gov upon submission.

6/19/2007 6:10 AM M: 4157514172 St. Peter's Episcopal Church 7 480793 PAGE: 001 OF 004

Application for Federal	Assistance SF-424		· Version
1. Type of Submission;	* 2. Type of Application:	* If Revision, select appropriate letter(s);
Preapplication	✓ Now		
✓ Application	Continuation	* Other (Specify)	
Changed/Corrected Applicat	on Revision		
* 3. Date Received:	4. Applicant Identifier:		
Completed by Grante.gov upon submis	ion. 1178931529-6774		
5a, Federal Entity Identifier:		* 5b. Federal Award Identifier:	
			I DECENTED
State Use Only:			H. B. Rosson Sough Aresen H. W. Branes Brand
6. Date Received by State:	7. State Application	on Identifier:	- JUN 1 9 2007
8. APPLICANT INFORMATION			STATE CLEARING HOUGE
a. Legal Name: The Rector,	Wardens, and Vestry of Saint Peter	rs Episcopal Church in San Francisco	
b Employer/Texpayer Identific	ation Number (EIN/TIN):	c. Organizational DUNS;	
94-11860858		836080978	
d. Address:			
Street1: 420 29th	lve		
Street2:			
City: San France	isco		
County: San France	ilsco		
State:		CA: California	
Province:			
Country:		USA: UNITED STATES	
Zip / Postal Code: 94121			
e. Organizational Unit:	***************************************		**************************************
Department Name:		Division Name:	
. Name and contact informat	on of person to be contacted or	n matters involving this application	nt
Prefix: Father	* First Na	me: David	
Middle Name: Bruce			
Last Name: Rickey			
Suffix:			
Cut. Danie			
Fitle: Rector			
Organizational Affiliation:		rh in Con Francisco	
Organizational Affiliation:	try of Seint Peter's Episcopal Churc	on in San Francisco	
Organizational Affiliation:			751-4172

6/19/2007 6:10 AM 4: 4157514172 St. Peter's Episcopal Church " 480793 PAGE: 002 OF 004

	OMB Number: 4040-0004 Expiration Date: 01/31/2009
Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	,
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Foderal Agency;	
US Department of Housing and Urban Development	
11. Catalog of Faderal Domostic Assistance Number:	
14,181	
CFDA Title:	
Supportive Housing for Persons with Disabilities	
* 12. Funding Opportunity Number:	
FR-5100-N-05	
* Title: Section 811 Supportive Housing for Persons with Disabilities	
13. Competition identification Number:	
\$811	
Tille:	
14. Areas Affected by Project (Cilies, Counties, States, etc.):	
City and County of San Francisco State of California	
State of Chinoring	
15. Descriptive Title of Applicant's Project:	
29th Avenue Aparlments	
New Construction of Supportive Housing for Very Low-Income Disabled Adults	
Attach supporting documents as specified in agency instructions.	

OMB Number: 4040-0004 Expiration Date: 01/31/2009 Application for Federal Assistance SF-424 Version 02 16. Congressional Districts Of: a. Applicant CA-008 * b. Program/Project CA-008 Attach an additional list of Program/Project Congressional Districts if needed. Add Attachments | Selets Adaptorent | School Attachments 17. Proposed Project: a. Start Date: 10/01/2007 * b. End Date: 03/17/2010 18. Estimated Funding (\$): * a. Federal 2,336,047.00 * b. Applicant 12,500.00 * c. State 2,943,503.00 5,078,629,00 * d. Local 165,000,00 e. Other 0.00 * f. Program Income * g. TOTAL 10,533,679.00 • 19. Is Application Subject to Review By State Under Executive Order 12372 Process? √ a. This application was made available to the State under the Executive Order 12372 Process for review on
√ 06/19/2007 b. Program is subject to E.O. 12372 but has not been selected by the State for review. [] c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) √ No Yes E2772.1560p 21. By signing this application, I certify (1) to the statements contained in the list of cartifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Ropresentative: Prefix: Father * First Name: David Middle Name: Bruce * Last Name: Rickey Suffix: " Title: Rector * Telephone Number: (415) 751-4842 Fax Number: (415) 751-4172 david.rickey@prodigy.net * Signature of Authorized Representative: * Date Signed: Authorized for Local Reproduction Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

Application for	Federal Assis	tance SF-424					\	Version 02
* 1. Type of Submiss	lon:	* 2. Type of Applic	ation:	lf Revision,	select appropria	te letter(s)	;	
Preapplication		 ✓ New						
Application		Continuation	•	Other (Spec	ify)	,		
Changed/Correcte	d Application	Revision						
* 3. Date Received:		4. Applicant Identif	fier:					
Completed by Grants.gov	upon submission.				***************************************			
5a. Federal Entity Ide	ntifier:			* 5b. Fed	eral Award Ident	ifier:		
State Use Only:	/////							
6. Date Received by	State:	7, State A	Application I	dentifier:				
8. APPLICANT INFO	RMATION:							
a, Legal Name: G	lroy Unified Schoo	I District						
* b. Employer/Taxpay	er Iden(Ification N	umber (EIN/TIN):		* c. Organ	nizational DUNS	:		
77-0123255	,,			06069860	00			
d. Address:								
* Street1:	7810 Arroyo Circl	9	,					
Street2:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
* City:	Gliroy						RECEIVED	
Caunty:	Santa Clara							
* State:				c	A; California		JUN 1 9 2007	
Province:		1					STATE CLEARING HOUSE	
* Country:			US	A: UNITE	STATES		SIAIFCLAMMO	
* Zip / Postal Code:	95020-7313		, .					
e. Organizational U	nit:							
Department Name:				Division N	lamė:			
Gliroy Unified School	District			Administr	ative Services		,	
f. Name and contac	t information of p	person to be conta	cted on m	atters inv	olving this app	lication:		
Prefix: Ms.		•1	First Name:	Teri				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Middle Name: L.								
* Last Name: Freed	men							1, 1
Suffix:								
Title: Grantwriter an	d Project Administ	rator						
Organizational Affiliati	on;							
Gilray Unified School	District	, , , , , , , , , , , , , , , , , , , ,						
* Telephone Number:	408-848-7171				Fax Number:	408-842	-1158	
* Email: terl.freedm	an@gusd.k12.ca.	US						
					110			

Application for Federal Assistance SF-424	Version 02
B. Type of Applicant 1: Select Applicant Type:	_
G: Independent School District	_
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	- \ \
	_
Other (specify):	
* 10. Name of Federal Agency:	
U.S. Department of Education	
11. Catalog of Federal Domestic Assistance Number:	
B4.184	
CFDA Title:	7
Safe and Drug-Free Schools and Communities_National Programs	
* 12. Funding Opportunity Number:	
ED-GRANTS-051007-001	
* Title:	1
Safe Schools/ Healthy Students Program CFDA 84.184L	
13. Competition Identification Number:	
84-184L2007-1	
Title:	٦
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City of Gilroy, County of Santa Clara, State of California	
* 15. Descriptive Title of Applicant's Project:	-]
SOMOS* Gilroy Safe Schools-Healthy Students Initiative (*Spanish for "We are")	
Association declinate as appointed in approx instructions	
Attach supporting documents as apecified in agency instructions.	

Application for Fe	ederal Assistance	SF-424			Version 02
16. Congressional Dis	mice on		* b. Program/Project	15	
3.7.	at Consum Wheelers Co	namesional Districts if needed.			
Attach an additional list		ngressional Districts if needed.	nt View Attachmant		
) [100]	White this matter was a second of the second			
17. Proposed Project			• b. End Date:	09/30/2011	
a. Start Date: 10/01	/2007				
18. Estimated Fundin	g (\$):				
* a. Federal		5,247,444,00			
் b. Applicant		0.00			
r c. State		0.00			
° d. Local		4,205,642.00			
▼ e. Other	(1)	0.00			
* f. Program income		0.00			
g. TOTAL		9,453,086.00			
1	Subject to Review By	State Under Executive Order 1237	, Pr ocess i 123 7 2 Process for review (on 06/19/2007 .	
		the State under the Executive Order			ļ
·		as not been selected by the State for	U T		
	covered by E.O. 12372.				
* 20. Is the Applican	t Delinquent On Any	Federal Debt? (If "Yes", provide e 	xpianation.)		
☐ Yes ☑		nation			
herein are true, con	opiete and accurate to	1) to the statements contained in (the best of my knowledge. I also pt an award. I am aware that any (Inistrative penalties. (U.S. Code,	alse, fictitious, or fraud	· and (2) that the State ments aurances** and agree to ulent statements or claims	•
· I AGREE			a also bloom a confer of	the apparenments or accept	
** The list of certificate specific instructions.	tions and assurances, c	or an internet sita where you may obte	ain this list, is contained in	the announcement or agency	
Authorized Repress	entative:				. 7
Prefix: Mr.		* First Name: Steve			
Middle Name:				,,	
* Last Name: Brin	kman				
Suffix: n/a	,				
* Title: Assistant S	Superintendent	(**************************************	10 To		
* Telephone Number	: 408-848-7126		Fax Number: 408-842-	1158	
* Email: dtaylor@	gusd.k12.ca.us				
* Signature of Author	ized Reprosentative:	Completed by Grants.gov upon submission.	Date Signed: Compl	eted by Grania.gov upon submission.	
Authorized for Local	Reproduction	buran			4 (Revised 10/2005) OMB Circular A-102

7 -2 1

PART I - FACE SHEET

APPLICATION FO	R FEDERAL	ASSISTAN	ICE	1. TYPE OF SUBMIS Non-Construction	SSION:
2a. DATE SUBMITTED TO CORPORATION NATIONAL AND COMMUNITY SERVICE (CNCS):	TION 3. DATE RECE	3. DATE RECEIVED BY STATE:		STATE APPLICATION	N IDENTIFIER:
04/19/07 2b. APPLICATION ID:	4. DATE RECE	IVFD:		GRANT NUMBER:	
07SC076655	04/19/07			5.000	
5. APPLICATION INFORMATION					***************************************
LEGAL NAME: Ca Dept of Development DUNS NUMBER: 143841604 ADDRESS (give street address, city, s 1600 9th Street Rm 330 M-S 3-8 Sacramento CA 95814 - 6404			PERSON TO BE area codes): NAME: Linda Cro TELEPHONE NU FAX NUMBER: (CONTACTED ON MA oslin JMBER: (916) 653-3288	
6. EMPLOYER IDENTIFICATION NUM 680282313	MBER (EIM):		7. TYPE OF APP		and the same of th
8. TYPE OF APPLICATION:	` '	se Duration	7b.	ANTENNA PROPERTY OF THE COMPANIE	RECEIVED JUN 2 0 2007 TATE CLEARING HOUSE
				DERAL AGENCY: tion for Nation	nal and Community Service
10a. CATALOG OF FEDERAL DOMES 10b. TITLE: Senior Companion Progra 12. AREAS AFFECTED BY PROJECT Santa Clara, Santa Barbara, Ventura, S. Tulare, Sonoma, San Joaquin, Stanislat	(List Cities, Counties, Sta an Luis Obispo, Orange, Rive	ites, etc): erside, San Bernardino,	11. DESCRIPTIV SCP CA DDS	E TITLE OF APPLICAN S (Multi-City)	VTS PROJECT:
13. PROPOSED PROJECT: START DA	ATE: 07/01/07 END	DATE: 06/30/10	14. PERFORMAN	ICE PERIOD: START	DATE: 07/01/07 END DATE: 06/30/10
15. ESTIMATED FUNDING:			16. IS APPLICAT	ION SUBJECT TO RE	VIEW BY STATE EXECUTIVE
a. FEDERAL	\$ 0.0	0	ORDER 12372 PI	ROCESS?	
b. APPLICANT c. STATE	\$ 1,989,545.00		TO THI REVIE	E STATE EXECUTIVE (W ON:	PLICATION WAS MADE AVAILABLE ORDER 12372 PROCESS FOR
	\$ 1,982,395.00		DATE:	30-JUL-07	
d. LOCAL e. OTHER	\$ 0.0 \$ 0.0			n en	
1. PROGRAM INCOME	\$ 0.0	0	17. IS THE APPL	ICANT DELINQUENT	ON ANY FEDERAL DEBT?
g. TOTAL	\$ 1,989,545.00		,	ES if "Yes," attach ar	
18. TO THE BEST OF MY KNOWLEDG	SE AND BELIEF, ALL DAT	TA IN THIS APPLICATI			CORRECT, THE DOCUMENT HAS BEEN TACHED ASSURANCES IF THE ASSISTANCE
a. TYPED NAME OF AUTHORIZED RI	EPRESENTATIVE:	b. TITLE:			c. TELEPHONE NUMBER:
Joellen Fletcher		Chief			(916) 654-2133
		400 400 400 400 400			d. DATE: 04/19/07

PART I - FACE SHEET

APPLICATION FOR I	FEDERΔΙ	ASSISTAN	CE	1. TYPE OF SUE	MISSION:
WELFINALION I OK I				Non-Constructi	on
28, DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEI	VED BY STATE:		STATE APPLICAT	ΠΟΝ IDENTIFIER:
04/19/07 2b. APPLICATION ID:	4. DATE RECEI	VED:		GRANT NUMBER	₹:
07SF076644	04/19/07				
5. APPLICATION INFORMATION					
LEGAL NAME: Ca Dept of Developmental Svo DUNS NUMBER: 143841604 ADDRESS (give street address, city, state of 1600 9th Street Rm 330 M-S 3-8 Sacramento CA 95814 - 6404 6. EMPLOYER IDENTIFICATION NUMBER 680282313 8. TYPE OF APPLICATION:	and zip code): (EIN): TINUATION x(es):	e Duralion	PERSON TO BE area codes): NAME: Linda C TELEPHONE N FAX NUMBER: INTERNET E-M 7. TYPE OF AP 7a. State Govern 7b.	E CONTACTED ON roslin UMBER: (916) 653-3 (916) 654-3464 AIL ADDRESS: Icro PLICANT: ument	RECEIVED JUN 2 0 2007 STATE CLEARING HOUSE
10a. CATALOG OF FEDERAL DOMESTIC	ASSISTANCE NUMBER	ER: 94 011	Corpora		tional and Community Service
10b. TITLE: Foster Grandparent Program		to a second seco	FGP - DDS		
 AREAS AFFECTED BY PROJECT (LISI Sunta Clara, Santa Barbara, Ventura, San Lu Tulare, Sonoma, San Joaquin, Stanislaus, To 	uis Obispo, Orange, Rive	erside, San Bernardino,			
13. PROPOSED PROJECT: START DATE:	07/01/07 END	DATE: 06/30/10	14. PERFORM	ANCE PERIOD: ST	ART DATE: 07/01/07 END DATE: 06/30/10
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE
a. FEDERAL	\$ 1,227,464.00		ORDER 12372		WARD 10 A TON 10 A TO
b. APPLICANT	\$ 868,935.00		тот	S PREAPPLICATION THE STATE EXECUTION:	N/APPLICATION WAS MADE AVAILABLE TIVE ORDER 12372 PROCESS FOR
c. STATE	\$ 876,085.00)	1	E: 30-JUL-07	
d. LOCAL		.0			
	\$ 0.0		1		
e, OTHER	\$ 0.0				
e. OTHER f. PROGRAM INCOME	1 1 1 1 1 M	0	1		ENT ON ANY FEDERAL DEBT?
f. PROGRAM INCOME	\$ 0.0 \$ 0.0 \$ 2,096,399.00	00		YES if "Yes," atta	ach an explanation. X NO
f. PROGRAM INCOME g. TOTAL	\$ 0.0 \$ 0.0 \$ 2,096,399.00	0 0) TA IN THIS APPLICAT	ON/PREAPPLIC	YES if "Yes," atta	
f. PROGRAM INCOME g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE ADULY AUTHORIZED BY THE GOVERNIN	\$ 0.0 \$ 0.0 \$ 2,096,399.00 AND BELIEF, ALL DA IG BODY OF THE AP	0 0) TA IN THIS APPLICAT	ON/PREAPPLIC	YES if "Yes," atta	AND CORRECT, THE DOCUMENT HAS BEEN E ATTACHED ASSURANCES IF THE ASSISTANCE C. TELEPHONE NUMBER:
f. PROGRAM INCOME g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE ADULY AUTHORIZED BY THE GOVERNIN IS AWARDED.	\$ 0.0 \$ 0.0 \$ 2,096,399.00 AND BELIEF, ALL DA IG BODY OF THE AP	0 TA IN THIS APPLICAT PLICANT AND THE A	ON/PREAPPLIC	YES if "Yes," atta	AND CORRECT, THE DOCUMENT HAS BEEN E ATTACHED ASSURANCES IF THE ASSISTANCE

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE	=	2. DATE SUBMITTED		Applicant Ide	entifier
1. TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY	STATE		ation Identifier
Application	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Iden	itifier
☐ Construction ☑ Non-Construction	Non-Construction	N/A			
5. APPLICANT INFORMATION					
Legal Name:			Organizational Uni		
City of Ontario			Department: Planning Departmen	nt	
Organizational DUNS: 078136	6223		Division: Advance Planning		to the desired to the second t
Address:			Name and telephor involving this appl	ne number of p ication (give a	person to be contacted on matters
Street: 303 East "B" Street			Prefix:	First Name: Cathy	and the standard property and the standard and the standa
City: Ontario			Middle Name		RECEIVED
County: San Bernardino			Last Name Wahlstrom	and the same of th	JUN 2 1 2007
State: CA	Zip Code 91764		Suffix:		JON 2 I 2007
Country: United States			Email: cwahlstrom@ci.ont	ario.ca.us ST/	ATE CLEARING HOUSE
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give		Fax Number (give area code)
			909 395-2282		909 395-2420
95-6000754 8. TYPE OF APPLICATION:	+		7. TYPE OF APPLI	CANT: (See b	ack of form for Application Types)
V Ne		on Revision	Municipal		
If Revision, enter appropriate le (See back of form for descriptio	n of letters.)	П	Other (specify)		
Other (specify)			9. NAME OF FEDE Federal Aviation Ac	Iministration	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	i		LICANT'S PROJECT:
	•	20-106	Land Use Compatil	bility Plan for O	ntario International Airport
TITLE (Name of Program): AIP Funds Section 160 of Vision					
AIP Funds Section 160 of Vision 12. AREAS AFFECTED BY PI	on 100	os Statos etc.):	-		
		, otatos, 0to./.			
City of Ontario, City of Fontana	i		14. CONGRESSIO	NAL DISTRICT	S OF:
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant		b. Project
n/a	n/a		43rd	N OUD ITOT	43rd TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:		do	ODDER 12372 PRO	CESS?	ON/APPLICATION WAS MADE
a. Federal	\$	350,000	a. Yes. IKL AVAILA	ABLE TO THE	STATE EXECUTIVE ORDER 12372
b. Applicant	\$	70,000	PROCI	ESS FOR REV	IEW ON
c. State	\$.00	DATE:		
d. Local	\$. 00	D' NO' 11"1		OVERED BY E. O. 12372
e. Other	\$		U FOR R	EVIEW	NOT BEEN SELECTED BY STATE
f. Program Income	\$. 00	17. IS THE APPLIC	CANT DELING	UENT ON ANY FEDERAL DEBT?
g. 101/\	\$	420.000	Yes If "Yes" atta		
DOCUMENT HAS BEEN DUL' ATTACHED ASSURANCES IF	Y AUTHORIZED BY THI	E GOVERNING BODY OF	THE APPLICANT A	ND THE APPLI	E TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE
a. Authorized Representative	First Name		Mid	dle Name	
Prefix Mr.	Greg		Suff		
Last Name Devereaux b. Title			c. T	elephone Numi	per (give area code)
City Manager d. Signature of Authorized Rep	oresentative	0	909)-395-2380 Pate Signed	1/5/07
I	Company of the second	1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7/7/2000	2)	13/0/

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Application for I	Federal Assis	tance S	F-424				Version 02
" 1. Type of Submissi	on:	* 2. Туре	e of Application:	* If Revision,	select appropriate	e lister(s):	
Preapplication		✓ New					
Application		☐ Conti	nuation	Other (Spec	il î y)		
Changed/Correcte	d Application	☐ Revis	ilon [
* 3. Date Received:		4. Applic	ant Identifier:				
Completed by Grants.gov upon submission.					•		
5a. Federal Entity Identifier:			* 5b. Fede	eral Award Identi	lfier:		
State Use Only:					,		
6. Date Received by State: 7. State Application			ldentifier;				
B. APPLICANT INFORMATION:						•	
• a, Legal Name: Ca	lifornia Coestal C	ouseivauc	у		, , ,		
* b. Employer/Taxpayer identification Number (EIN/TIN):			° c. Organ	nizational DUNS	:		
94-3164968			80832240	8 .		•	
d. Address:							
* Street1:	1330 Broadway,	Suite 1300)				
Street2:			1				DECEIVED
Clty:	Oakland						RECEIVED
County:	Alameda		P. 114				JUN 2 2 2007
* State:					A: California		1
Province:							STATE CLEARING HOUSE
" Country:			L	SA: UNITE	STATES		1
Zip / Postal Code:	94612						
e. Organizational U	nit:						
Department Name:				Division N	lame:		
f. Name and contact	t information of p	oerson to	be contacted on r	natters inve	olving this appl	ication:	
Prefix: Mr.			* First Nam	e: Tim			
Middle Name:	***************************************						
* Last Name: Duff							
Suffix:		' 		a . 			
Title: Project Manag	jer, Central Coast	Region					
Organizational Affiliati	ion:						
California Coastal Co	nservancy				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- I I I I I I I I I I I I I I I I I I I
* Telephone Number:	510-286-3826				Fax Number:	510-286-0470	
• Email: tduff@scc	.ca.gov		200 (2)	# # # # # *	,		

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
A: State Government	
Type of Applicant 2: Select Applicant Type:	
	1
Туре of Applicant 3: Select Applicant Туре:	
* Other (specify):	
	•
* 10. Name of Federal Agency:	
U. S. Fish and Wildlife Service:	·
11. Catalog of Federal Domestic Assistance Number:	
15.614	
CFDA Title:	
Cosstal Wetlands Planning, Protection and Restoration Act	
Constant Wetterlos Figuring, Florection and Restoration Act	
* 12. Funding Opportunity Number:	· · · · · · · · · · · · · · · · · · ·
CWG-08	
* Title:	
National Coastal Wellands Conservation Grant Program	<u> </u>
13. Competition Identification Number:	
CWG-08	
Title:	
· ·	
14. Arcas Affected by Project (Cities, Counties, States, etc.):	
Morro Bay National Estuary, Sen Luis Obispo County, California	
s constant of the second of th	
·	
15. Descriptive Title of Applicant's Project:	
East Sweet Springs Acquisition Project	
	· · ·
Mach supporting documents as specified in agency instructions.	
Add Attachinarie Belets Attachinents View Attachinents	

Application for F	ederal Assistance SF-424	Version 02
16. Congressional Di	stricts Of:	
• a. Applicant 9		b. Program/Project 23
Attach an additional lis	of Program/Project Congressional Districts if ne	eded.
	De et	e Ataument (kew ustekniken)
17. Proposed Project		
	1/2007	b. End Date: 06/30/2008
18. Estimated Fundin	ng (\$):	
a. Federal	1,500,000.00	
* b. Applicant	1,200,000.00	·
* c. State	1,300,000.00	
⁴ d. Locai	0.00	
* e. Other	0.00	
* f. Program Income	· D. 00	
g, TOTAL	4,000,000,00	·
20. Is the Applican 20. Is the Applican 21, "By signing this herein are true, com comply with any res may subject me to co	application, I certify (1) to the statements contained and accurate to the best of my knowled ulting terms if I accept an award. I am aware triminal, civil, or administrative penalties. (U.	provide explanation.) Sained in the list of certifications** and (2) that the statements along the required assurances** and agree to that any false, fictitious, or fraudulent statements or claims
Authorized Represe	ntative:	
Prefix: Mr.	* First Name:	Samuel
Middle Name: P.	A 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·
* Last Name: Schu	ichat	The branching of the state of t
Suffix:	and the state of t	
Title: Executive O	ficer	and the ball of th
Telephone Number:	(510) 285-1015	Fax Number; (510) 286-0470
Email: sschucha	@scc.ca.gov	And the state of t
* Signature of Authori	zed Representative: Constant by Chairs sov upon st	Date Signed: Cospides by Gray (Ov non submission.

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUB	MITTED	Applicant Identifier
SF 424 (R&R)	3. DATE REC	EIVED BY STATE	State Application Identifier
1. " TYPE OF SUBMISSION	11		
Pre-application Application	4. Federal Id	entifler	
Changed/Corrected Application			
5. APPLICANT INFORMATION		* Organizational C	JUNS: 125084723
* Legal Name: The Regents of the University of Californ	nia		
Department:	Division:		
* Street1: 1156 High Street	Street2: C	Office of Sponsored Projects	====
* City: Santa Cruz Cou	nty:		* State: CA: Californ
Province:	Country: UNIT	ED S1 * ZIP / Postal Code: 95	064
Person to be contacted on matters involving this applica	tion		
Prefix: * First Name:	Middle Name:	* Las	t Name: Suffix:
Ru-Shan		Wu	
* Phone Number: 831-459-5135	X Number	E	mall: wrs@es.ucsc.edu
8. * EMPLOYER IDENTIFICATION (EIN) or (TIN):	Services St. Stratem manual	7. TYPE OF APPLICANT:	
	2 5 2007		Controlled Institution of Higher Education
- STATE CLE	ARING HOUS	E Small	Business Organization Typs
Resubmission Renewal Continuation F	(BVISION	Momen Owned	Socially and Economically Disadvantaged
If Revision, mark appropriate box(es).		9. " NAME OF FEDERAL AGE	NCY:
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Inc	rease Duration	Chicago Service Center	
D. Decrease Duration E. Other (specify)		10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANCE NUMBER:
" Is this application being submitted to other agencies?	Yes No	81.049	
What other Agencies?		TITLE: Office of Science Fina	uncial Assistance Program
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJEC	T:		
Development and Laboratory Evaluation of Novel Seismic		aracterizing Fluid-Rock Interaction	ns
12.* AREAS AFFECTED BY PROJECT (cities, counties	s, states, etc.)		
n/a	,		
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTR	ICTS OF:
* Start Date * Ending Date		a. * Appilcant	b. * Project
10/01/2007		CA 17	CA 17
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR	CONTACT INF	ORMATION	
Prefix: * First Name:	Middle Name:		Name: Suffix:
Position/Title:	7	Wu	
Department:	* Organizatio	on Name: The Regents of the Ur	Ilversity of California
* Street1: 1156 High Street	Division:		The second secon
* City: Santa Cruz Cour	Street2:		
		ED 07 + 710 / 5	* State: CA: Califori
	, L		95064
* Phone Number: 831-459-5135 Fax	Number:	- E	mail: wrs@es.ucsc.edu

Pg182

eeb admin

Add Attachment

16. ESTIMATED PROJECT FUNDING	·	17.	IS APPLICATION SUBJECT TO REVIEW BY S DRDER 12372 PROCESS?	TATE EXECUTIVE
a. * Total Estimated Project Funding	* Total Estimated Project Funding 725,171.00		ES THIS PREAPPLICATION/APPLICATION	WAS MADE
b. * Total Federal & Non-Federal Funds	725,171.00		AVAILABLE TO THE STATE EXECUTIVE PROCESS FOR REVIEW ON:	5 ORDER 12372
c. * Estimated Program Income	0.00	DAT	TE: 06/26/2007	
		b. NC	PROGRAM IS NOT COVERED BY E.O.	12372; OR
			PROGRAM HAS NOT BEEN SELECTED	BY STATE FOR
✓ * I agree				
19. Authorized Representative			et, is contained in the announcement or egency specific in	ebuctions.
19. Authorized Representative Prefix: * First Name:	Middle N		* Last Name:	Suffix:
19. Authorized Representative Prefix: * First Name: Wanda	Middle N Jeanne	lame:	* Last Name: Moody	
19. Authorized Representative Prefix: * First Name: Wanda * Position/Title: Contract and Grant Off	Middle N Jeanne	dame: ganization: T	* Last Name:	
19. Authorized Representative Prefix: * First Name: Wanda * Position/Title: Contract and Grant Off Department: Office of Sponsored Processing Contract and Cont	Middle N Jeanne Ticer · Org	dame: ganization: T	* Last Name: Moody	
19. Authorized Representative Prefix: * First Name: Wanda * Position/Title: Contract and Grant Off Department: Office of Sponsored Proceedings (Contract and Grant Office of Sponsored Proceedings)	Middle N Jeanne Ticer ' Org Divis Stree	dame: ganization: T	* Last Name: Moody	
19. Authorized Representative Prefix: * First Name: Wanda * Position/Title: Contract and Grant Off Department: Office of Sponsored Pi * Street1: 1156 High Street	Middle N Jeanne Ticer 'Org rojects Divis Stree	ganization: T	* Last Name: Moody	
19. Authorized Representative Prefix: * First Name: Wanda * Position/Title: Contract and Grant Offi Department: Office of Sponsored Pr * Street1: 1158 High Street * City: Santa Cruz	Middle N Jeanne ficer 'Org rojects Divis Stree County: Country:	ganization: T sion: C et2: O	* Last Name: Moody	Suffix:
19. Authorized Representative Prefix: * First Name: Wanda * Position/Title: Contract and Grant Off Department: Office of Sponsored Pr * Street1: 1156 High Street * City: Santa Cruz Province:	Middle N Jeanne Toer Org Tojects County: Country: Fax Number:	ganization: T sion: C et2: O	* Last Name: Moody	Suffix:

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDE	RAL ASSISTANCE	2. Date Submitted	Applicant Identifier 07-362 (UST)
		0 Div 0 101 011	State Application Identifier
1. Type of Submission:	,	3. Date Rec'd by State	Owner Approximent additional
Application Presp	pplication	4. Date Rec'd by Federal	Federal Identifier
	Noncon MetroCEIVED) 	
5. Applicant Information:	JUN 2 5 2007	Organizational Unit:	
Legal Name and Address:		Division of Water Quality	an to be contained on matters
fgive city, county, state, and vin	code) OTATE OF EADING HOLD		rson to be contacted on matters (give area code):
State Water Resour	code) STATE CLEARING HOUS	Tinvolving this application ((Rive nica cone).
1001 J Street, Sacra	ramento County	Kevin Graves	
Sacramento, Califo	ornia 95814	(916) 341-5782	
		7 Type of Applicants force	ter appropriate letter)A
6. Employer Identification Num	nber (EIN): 680281986	7. Type of Applicant: (ente	H. Independent School District
		A. State B. County	State Institute of Higher Loarning
6. DUNS Number: 808321	1,16)	B. County C. Municipal	J. Private University
8. Type of Application:		C. Municipal D. Township	K. Indian Tribe
_X_New Revision If Revision, onter appropriate let	Lontinuation		L. Individual
III Revision, onter appropriate let	H. Dunnege Assert	E. Interstate F. Intermunicipal	M. Profit Organization
A. Increase Award	B. Decrease Award	G. Special District	N. Other (specify)
C. Increase Duration		_, Jestin selection	-
Other (specify)	_	9. Name of Federal Agency	
10 (2-4-1	Aggistance Number		onmental Protection Agency
10. Catalog of Federal Domostic	Politicalion infiliation of		
66.804	Indergraund Starage Tauler	11. Descriptive Title of Ap	pplicant's Project:
1	Inderground Storage Tanks		
Program		Development and implement	entation of regulatory programs for the
12 Arm A Charlett		prevention, detection and o	correction of leaking UST's containing
12. Area Affected by Project:		petroleum and hazardous si	
(cities, counties, states, etc.) State of California	<i>i</i> .	A STATE OF THE STA	
State of California			
13. Proposed Project: Stort Date	End Date	14. Congressional District	t of:
Stort Date 7/1/2007	End Date 6/30/2008	Applicant:	Project:
/+1/20U/	C. C. C. C. Marrie C.	3	California - All
15. ESTIMATED FUNDING:		16. Is the application subje	eject to review by the State
TOT ISSUE THAT I FOR LONDING!		Executive Order (EO) 1233	372 process?
a. Federal	\$899,955	a. YES: X This a	application/preapplication was made
a. Federal b. Applicant	20 2035,232	available to t	the State EO 12372 process for
b. Applicant c. State	\$431,062	review on:	
	\$431,062 \$0		Date: June 25, 2007
d, Local	\$0 \$0		gram is not covered by EO # 12372
c. Other	\$0 \$0		gram has not been selected by the
f. Program Income	Ug.	state	e for roview.
g TOTAL	\$1,331,017		quent on any Federal debt?
g. TOTAL	ψ1/01/CC/1ψ	YES, attach explan	
l		. Lu, angun expiai	
10 THE DEATH OF THE	NOWLEDGE AND BELIEF, ALL	DATA IN THIS APPLICATION	ON/PREAPPLICATION ARE
TRUE AND CORPUSOR	NOWINDGE AND BELIEF, ALL I DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE CO	VERNING BOARD OF THE
ADDITION OF THE	DOCUMENT HAS BEEN DULY A PLICANT WILL COMPLY WITH I	"HE ATTACHED ARRIDAM	ICES IF THE ASSISTANCE
	WICHTHAM WILL COMPLY WITT.	тта и систем черпким	
IS AWARDED.	Danes	h Ti41	c. Telephone Number
a. Typed Name of Authorized	Representative	b. Title; Executive D	
Dorothy Rice	•	Executive I.	C10C-17-C (010)
, <u></u>			c. Date Signed:
d. Signature of Authorized Rep	presentative		c. Date Signed: June 26, 2007
1			June 20, 2007
l .			I

Application for F	ederal Assis	stance SF-424		Version 02
* 1. Type of Submission Preapplication Application Changed/Corrected		✓ New [* If Revision, select appropriate letter(s): * Other (Specify)	
* 3. Date Received:		4. Applicant Identifier:		
Completed by Grants.gov u	upon submission.			
5a. Federal Entity Ider	ntifier:		* 5b. Federal Award Identifier:	
State Use Only:				
6. Date Received by	State:	7. State Application	n Identifier:	
8. APPLICANT INFO	RMATION:			
* a. Legal Name: Na	ational School Sa	afety Center		
			* c. Organizational DUNS:	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 770501247			790387906	
d. Address:		Land Reserve	CEIVED	Appellulation and the second s
* Street1: Street2: * City: County: * State: Province:	Westlake Villag		CA: California	
* Country:			USA: UNITED STATES	
	91362			
e. Organizational U	Jnit:			
Department Name:			Division Name:	
:				
f. Name and contac	ct information o	of person to be contacted or	n matters involving this application:	
Prefix: Dr. Middle Name: Step * Last Name: Step Suffix:	phens	* First Na	me: Ronald	
Title:				
Organizational Affilia	ation:		y .	

pplication for Federal Assistance SF-424	Version 02
Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
ype of Applicant 2: Select Applicant Type:	
ype of Applicant 3: Select Applicant Type:	
Other (specify):	
10. Name of Federal Agency:	
ommunity Oriented Policing Services	
1. Catalog of Federal Domestic Assistance Number:	
6.710	
FDA Title:	··
ublic Safety Partnership and Community Policing Grants	
12. Funding Opportunity Number:	
COPS-CPD-2007-08	
Title:	
School and Campus Safety	
3. Competition Identification Number:	
Title:	
	•
	-
14. Areas Affected by Project (Cities, Counties, States, etc.):	
* 15. Descriptive Title of Applicant's Project:	
* 15. Descriptive Title of Applicant's Project: Campus Safety and Crisis Readiness For Colleges and Universities: A Training Symposium Model and Resource Package For Post-Secondary Schools	
Campus Safety and Crisis Readiness For Colleges and Universities: A Training Symposium Model and Resource Package	

Application for	r Federal Assistance SF-424	Version 02
16. Congressional	Districts Of:	
* a. Applicant C	A-034 * b. Program/Project US-all	y .
Attach an additiona	al list of Program/Project Congressional Districts if needed.	
	Add Attachment Delete Attachment View Attachment	
17. Proposed Proj	ect:	
* a. Start Date: 09	9/01/2007 * b. End Date: 03/01/2009	
18. Estimated Fun	nding (\$):	
* a. Federal	499,991.33	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Incom	ne 0.00	
* g. TOTAL	499,991.33	
21. *By signing therein are true, comply with any may subject me to ** I AGREE*	No Explanation This application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
specific instruction Authorized Representation		
	or. * First Name: Ronald	
Middle Name:		
_	Stephens	
Suffix:		
* Title: Executiv	ve Director	
* Telephone Numb	Der: 805 373 9977 Fax Number: 805 373 9277	
* Email: ronald	istephens@schoolsafety.us	
* Signature of Aut	thorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.	

i					Version 9/03
APPLICATION FOR FEDERAL ASSISTANCE			2. DATE SUBMITTE	EO .	Applicant Identifier
1. TYPE OF SUBMISSION Application	Preepplication		3. DATE RECEIVED	BY STATE	State Application Identifier
☐ Construction ☐ Non-Construction	☐ Construction ☐ Non-Construction		4. DATE RECEIVED AGENCY	BY FEDERAL	Federal Identifier
5. APPLICANT INFORMATION		· i			THE RESERVE THE PARTY OF THE PA
Legal Name: STATE OF CALIFORNIA DEPARTA	MENT OF HEALTH SERVICES	•	Organizational Unit: DEPARTMENT OF I	HEALTH SERVIC	ES;
Organizational DUNS: 79915	0615		Division: Division of	Drinking Water &	Environmental Management
Address:	AND	National Participation of the Control of the Contro	Name and telephone matters involving this	e number of the pe	erson to be contacted on area code)
Street: 1616 Capitol Avenue (MS 7 P.O. Box 997413	MECEIVED		Prefix: Mr.	First Name: Ste	
City: Sacramento	JUN 2 6 2007	· · · · · · · · · · · · · · · · · · ·	Middle Name: A	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
County: Sacramento			Last Name: Woods		to Control
State: California	SAFE CHERRING HOUSE		Suffix:		
Country:	ANY CHILDRICK COMPANIES CONTINUES CONTIN		Email: swoods1@dh	is.ca.gov	
6. EMPLOYER IDENTIFICATION N	1UMBER (EIN): 2049 9 3 1		Phone number (give (916) 449-5624	(5	r number (give area code) 916) 449-5656
			7. TYPE OF APPLIC	CANT: (See back	of form for Application Types):
8. TYPE OF APPLICATION:	O Posterio		Other (sp	ecify):	
☐ New ■ Continuation	(1) Revision	1	9. NAME OF FEDER	RAL AGENCY:	,
If Revision, enter appropriate let (See back of form for descriptio Other Specify:		1	ENVIRONMENT	AL PROTECTIC	N AGENCY
10. CATALOG OF FEDERAL DOM	MESTIC ASSISTANCE NUMBER	· · · · · · · · · · · · · · · · · · ·	11. DESCRIPTIVE	TITLE OF APPLIC	CANT'S PROJECT:
Revolving Fund	4 6 8 Capitalization Grants for Drinking Water	er State	DRINKING WATER S	TATE REVOLVING	G FUND I.OAN PROGRAM
12. AREAS AFFECTED BY PROJE CALIFORNIA - STATEWIDE	ECT (cities, counties, states, etc)		4		
13. PROPOSED PROJECT:			14. CONGRESSION	NAL DISTRICTS (DF
Start Date: 8/1/07	End Date: 6/30/10		a. Applicant:	b. Projec	ct ALL
15. ESTIMATED FUNDING:	Lend Date: 0/30/10		16. IS APPLICATIO		
ia. Ediminieu Funding.			EXECUTIVE ORDE	R 12372 PROCES	SSS?
a. Federal	\$67,153,678	3			PPLICATION WAS MADE LE EXECUTIVE ORDER
b. Applicant	and the American Market Williams	T. W. V.	12372 PF	ROCESS FOR RE	
c. State	\$13,430,736	3	1	un ≟ 6, 2007 M.IS NOT COVE	RED BY E.O. 12372 OR
d. Local					SELECTED BY STATE
e. Other	\$4,704,000)	FOR REV	•	,
f. Prográm Income				•	IT ON ANY FEDERAL DEBT?
g. TOTAL	\$85,288,414	4	YES I''Y	/es" attach an exp	lanation. NO
DOCUMENT HAS BEEN DULY	EDGE AND BELIEF, ALL DATA IN TI AUTHORIZED BY THE GOVERNING S IF THE ASSISTANCE IS AWARDEI	BODY OF	CATION/PREAPPLICATION THE APPLICANT AN	ATION ARE TRUE D THE APPLICAL	E AND CORRECT, THE NT WILL COMPLY WITH
a. Authorized Representative	personal constraints to the second constrain				
Prefix First Name		Mid	die Name	•	
Last Name Horton		Şuf	M,D., M.S.P.H.		
b. Title State Public Health Officer	Chief Deputy Director	c.	Telephone number (gh (916) 440-7400	ve area code)	
d. Signature of Authorized Represe		R	ECEIVE	e. Date	signed o 7
1 N my		300 September 200 September 20	JUN 2 6 2007	ا يو	Standard Form 424 (Rev. 9-2003)
revious Editions Usable uthorized for Local Reproduction		Y AND THE REAL PROPERTY.	0014 20 0 2001		Prescribed by OMB Circular A-192

STATE CLEARING HOUSE

MB Approval No. 0348-0043

PPLICALITY FURTHER	ERAL ASSISTANCE	2. Date Submitted	Applicant Identifier (17-363 (LUST)
II DICATION OR I A			State Application Identifier
. Type of Submission:		3. Date Rec'd by State	State Application ruenting
pplication Prea	application		Federal Identifier
Construction	Construction	4. Dute Rec'd by Federal	LS 96934701
Nonconstruction	Nonconstruction PECEL		
Applicant Information:	H W A A A A A A A A A A A A A A A A A A	Organizational Unit:	
egal Name and Address:	JUN 2 6 2007	Division of Water Quality	
ive city, county, state, and zip	code)	Name and telephone of person to	he contacted on matters
Store Water Reson	urces Control Board	Name and telephone of person to involving this application (give a Kevin Graves (916) 341-5782	rea code):
1001 I Street Sac	ramento STATE CLEARING HU	Kevin Graves	
Sacramento, Calif	fornia 95814	(916) 341-5782	
			·
. Employer Identification Num	nber (EIN): 680281986	7. Type of Applicant: (enter app	ropriate letter)A
r company :			ndependent School District
. DUNS Number: 808321	1913		tate Institute of Higher Learning
. Type of Application:		C. Internation	rivate University
New X Revision	Continuation	10	indian Tribe
(Revision, enter appropriate lo) // **********************************	ndividual
A. Increase Award	B. Decrease Award		Profit Organization
	D. Decreuse Duration	G. Special District N. C	Other (specify)
Other (specify)			
·		9. Name of Federal Agency:	. I Duntantian Agonos:
10. Catalog of Federal Domest	ic Assistance Number	U. S. Environment	tal Protection Agency
66.805	•		de Daningto
Title: Leaking Undergro	ound Storage Tank Trust Fund	11. Descriptive Title of Applica	mrs Project:
- •	•	Continue to develop and implem	nent effective regulatory programs
		for the prevention, detection, and	d correction of released from
12. Area Affected by Project:		leaking UST systems containing	petroleum or hazardous substances
(cities, counties, states, etc.)		regulated under the Resource Co	onservation and Recovery Act
State of Californi	ia	(RCRA) Subtitle I.	
13. Proposed Project:			
Start Date	End Date	14. Congressional District of:	
7/1/2005	6/30/2008	Applicant: Proj	
			formia - All
15. ESTIMATED FUNDING:		16. Is the application subject to	
		Executive Order (EO) 12372 pro	cation/preapplication was made
a. Federal	\$3,000,000	a. YES: X_ This applie	rate EO 12372 process for
	.6. 🔨		
b. Applicant	\$0	1	ate NO 12372 process to
b. Applicant c. State	\$750,000	review on:	
b. Applicant c. State d. Local	\$750,000 \$0	review on: Dat	c: June 26, 2007
b. Applicant c. State d. Local e. Other	\$750,000 \$0 \$0	review on: Dat b. NO: Program is	c: June 26, 2007 s not covered by EO # 12372
b. Applicant c. State d. Local e. Other	\$750,000 \$0	review on: Dat b. NO: Program is Program h	c: June 26, 2007 s not covered by EO # 12372 has not been selected by the
b. Applicant c. State d. Local e. Other f. Program Income	\$750,000 \$0 \$0 \$0	b. NO: Program is	c: June 26, 2007 s not covered by EO # 12372 les not been selected by the eview.
o. Applicant c. State d. Local e. Other f. Program Income	\$750,000 \$0 \$0	b. NO: Program is program in state for real 17. Is the applicant delinquent of the state for real 17.	c: June 26, 2007 s not covered by EO # 12372 has not been selected by the eview. on any Federal debt?
o. Applicant c. State d. Local e. Other f. Program Income	\$750,000 \$0 \$0 \$0	b. NO: Program is	c: June 26, 2007 s not covered by EO # 12372 has not been selected by the eview. on any Federal debt?
b. Applicant c. State d. Local e. Other f. Program Income	\$750,000 \$0 \$0 \$0 \$0 \$3,750,000	b. NO: Program is Program is state for re YES, attach explanation	c: June 26, 2007 s not covered by F.O # 12372 has not been selected by the eview. on any Federal debt?X NO
b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL	\$750,000 \$0 \$0 \$0 \$3,750,000	review on: Dat Dat b. NO: Program is Program is state for re 17. Is the applicant delinquent of YES, attach explanation DATA IN THIS APPLICATION/P	c: June 26, 2007 s not covered by EO # 12372 has not been selected by the eview. on any Federal debt?XNO REAPPLICATION ARE
b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL	\$750,000 \$0 \$0 \$0 \$3,750,000 NOWLEDGE AND BELIEF, ALL	review on: Dat Dat b. NO: Program is Program is state for re 17. Is the applicant delinquent of YES, attach explanation DATA IN THIS APPLICATION/P AUTHORIZED BY THE GOVERN	c: June 26, 2007 s not covered by FO # 12372 has not been selected by the eview. on any Federal debt?XNO REAPPLICATION ARE NING BOARD OF THE
b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL	\$750,000 \$0 \$0 \$0 \$3,750,000 NOWLEDGE AND BELIEF, ALL	review on: Dat Dat b. NO: Program is Program is state for re 17. Is the applicant delinquent of YES, attach explanation DATA IN THIS APPLICATION/P	c: June 26, 2007 s not covered by FO # 12372 has not been selected by the eview. on any Federal debt?XNO REAPPLICATION ARE NING BOARD OF THE
o. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY K TRUE AND CORRECT, THE APPLICANT, AND THE APP	\$750,000 \$0 \$0 \$0 \$3,750,000 NOWLEDGE AND BELIEF, ALL	review on: Date b. NO: Program is Program is state for re 17. Is the applicant delinquent of the explanation YES, attach explanation DATA IN THIS APPLICATION/P AUTHORIZED BY THE GOVERN THE ATTACHED ASSURANCES	c: June 26, 2007 s not covered by EO # 12372 has not been selected by the eview. on any Federal debt?XNO REAPPLICATION ARE NING BOARD OF THE IF THE ASSISTANCE
b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY K TRUE AND CORRECT, THE APPLICANT, AND THE APP IS AWARDED.	\$750,000 \$0 \$0 \$0 \$3,750,000 NOWLEDGE AND BELIEF, ALL DOCUMENT HAS BEEN DULY PLICANT WILL COMPLY WITH	review on: Date Date Date Program is Program is Program is State for re 17. Is the applicant delinquent of the explanation YES, attach explanation DATA IN THIS APPLICATION/P AUTHORIZED BY THE GOVERN THE ATTACHED ASSURANCES b. Title:	c: June 26, 2007 s not covered by EO # 12372 has not been selected by the eview. on any Federal debt?XNO REAPPLICATION ARE NING BOARD OF THE IF THE ASSISTANCE c. Telephone Number
b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY K TRUE AND CORRECT, THE APPLICANT, AND THE APP IS AWARDED. a. Typed Name of Authorized	\$750,000 \$0 \$0 \$0 \$3,750,000 NOWLEDGE AND BELIEF, ALL DOCUMENT HAS BEEN DULY PLICANT WILL COMPLY WITH	review on: Date b. NO: Program is Program is state for re 17. Is the applicant delinquent of the explanation YES, attach explanation DATA IN THIS APPLICATION/P AUTHORIZED BY THE GOVERN THE ATTACHED ASSURANCES	c: June 26, 2007 s not covered by EO # 12372 has not been selected by the eview. on any Federal debt?XNO REAPPLICATION ARE NING BOARD OF THE IF THE ASSISTANCE c. Telephone Number
b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL	\$750,000 \$0 \$0 \$0 \$3,750,000 NOWLEDGE AND BELIEF, ALL DOCUMENT HAS BEEN DULY PLICANT WILL COMPLY WITH	review on: Date Date Date Program is Program is Program is State for re 17. Is the applicant delinquent of the explanation YES, attach explanation DATA IN THIS APPLICATION/P AUTHORIZED BY THE GOVERN THE ATTACHED ASSURANCES b. Title:	c: June 26, 2007 s not covered by FO # 12372 has not been selected by the eview. on any Federal debt?XNO REAPPLICATION ARE NING BOARD OF THE IF THE ASSISTANCE c. Telephone Number (916) 341-5615
b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY K TRUE AND CORRECT, THE APPLICANT, AND THE APP IS AWARDED. a. Typed Name of Authorized	\$750,000 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$3,750,000 NOWLEDGE AND BELIEF, ALL DOCUMENT HAS BEEN DULY PLICANT WILL COMPLY WITH	review on: Date Date Date Program is Program is Program is State for re 17. Is the applicant delinquent of the explanation YES, attach explanation DATA IN THIS APPLICATION/P AUTHORIZED BY THE GOVERN THE ATTACHED ASSURANCES b. Title:	c: June 26, 2007 s not covered by EO # 12372 has not been selected by the eview. on any Federal debt?XNO REAPPLICATION ARE NING BOARD OF THE IF THE ASSISTANCE c. Telephone Number

2002

Application for	Federal Assis	tance S	SF-424					Versio	1 02
* 1. Type of Submiss	sion:	* 2. Typ	e of Application:	If Revision,	select appr	opriate le	etter(s):		`
Preapplication		✓ New	. [
Application		Con	tinuation	Other (Spe	cify)		•		
Changed/Correcte	ed Application	Revi	sion						
* 3. Date Received:		4. Appli	cant Identifier:						
Completed by Grants.gov	upon submission.								
5a. Federal Entity Ide	entifier:			* 5b. Fed	leral Award	Identifier	P	7	
E CENTED									
State Use Only:							RECEIVED	\perp	
6. Date Received by	State:		7. State Application	ldentifier:			JUN 2 6 2007		
8. APPLICANT INFO	ORMATION:						STATE SEARING HOU	3E \	
* a. Legal Name: C	ity of Fresno						STATE		
* b. Employer/Taxpa	yer Identification N	umber (E	IN/TIN):	* c. Orga	nizational [DUNS:			
94-6000338				0718878	5 5				
d. Address:							,		
* Street1:	2600 Fresno Stre	eet							
Street2:									
* City:	Fresno								
County:									
* State:				(CA: Californ	ia			_1
Province:									
* Country:			U	SA: UNITE	D STATES				
* Zip / Postal Code:	93721								
e. Organizational l	Jnit:								
Department Name:				Division I	Name:				
Police				Support I	Division				
f. Name and contac	et information of	person to	be contacted on n	natters inv	olving this	applica	tion:		
Prefix: Ms.			* First Name	e: Judy					-
Middle Name:									_
* Last Name: Gard	Garcia								
Suffix:									
Title: Grants Manager									
Organizational Affiliation:									
* Telephone Number	559 621-2053				Fax Num	ber. 55	59 488-1010		
* Email: udy.garcia@fresno.gov									

2003

Application (for Federal Assistance SF-424 Version	วา 02
16. Congression	nal Districts Of:	
* a. Applicant	20-21 * b. Program/Project 20-21	
Attach an addition	onal list of Program/Project Congressional Districts if needed.	
	Delate Attachment View Attachment	
17. Proposed P	roject:	
* a. Start Date:	10/01/2007 * b. End Date: 09/30/2010	
18. Estimated F	Funding (\$):	
* a. Federal	837,693.00	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	279,231.00	
* e. Other	0.00	
* f. Program Inc	ome 0.00	
* g. TOTAL	1,116,924.00	
21. *By signing herein are true comply with an	this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to my resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims a to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
** The list of cert specific instruction		
•	Mr. * First Name: Andrew	
Middle Name:	T.	
* Last Name:	Souza	- —
Suffix:		
		,
<u> </u>	anager	
* Telephone Nun	nber: 559 621-7782 Fax Number:	
* Email: andy	.souza@fresno.gov	
* Signature of Au	uthorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.	

2004

Application for Federal Assistance SF-424	Versio 1 02
9. Type of Applicant 1: Select Applicant Type:	
C: City or Township Government	
Type of Applicant 2: Select Applicant Type:	_
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
	The second second
* 10. Name of Federal Agency:	
Community Orlented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
* 12. Funding Opportunity Number:	
COPS-OTHERTECH-2007-1	
* Title:	
COPS Law Enforcement Technology	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Fresno county regional areas	
* 15. Descriptive Title of Applicant's Project:	
Fresno Regional Electronic Data Interface Project (REDI); to continue the development of the Fresno County regional data sharing, utilizing	
disparate systems based on NIEM and GJXDM standards.	
Attach supporting documents as specified in agency instructions.	-
Add Attachments Defere Attachments View Attachments	
Constitution (memorande management)	

					OND Approvat No. 0340-004	
APPLICATION FO			2. DATE SUBMITTE 6/20/07	ED	Applicant Identifier	
1. TYPE OF SUBMISSION:	AITCE		3. DATE RECEIVED	D BY STATE	State Application Identifier	
Application	Preapplication					
☐ Construction ☑ Non-Construction	☐ Construct☐ Non-Cons					
			4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMAT	TION		IO			
Legal Name Los Angeles County Me	etropolitan Transpoi	tation Authority	Organizational Unit: Programmir	ng & Policy Analys	ais.	
Address (give city, state, and z.					contacted on matters involving this application (give	
			area code)	•		
1	One Gateway Plaza Los Angeles, California 90012-2952			1		
Los Angeles, C	alifornia 90012.	-2952	(213) 922-76			
6. EMPLOYER IDENTIFIC 95-44019		N):	7. TYPE OF APPLIC	CANT: (enter appropriate le	tter in box) N	
8. TYPE OF APPLICATION			A State	H Independent School Dist.		
	nation ⊠ Revision – 2	A (Increase of Award)	B County C Municipal	I State Controlled Institut J Private University		
			D Township E Interstate	K Indian Tribe L Individual		
If Revision, enter appropriate	e letter(s) in box(es):		F Intermunicipal	M Profit Organization		
A Increase Award B Do	ecrease Award C Inc	rease Duration	G Special District	N Other (Specify)		
D Decrease Duration Oth		2 44 44 44 44 44 44 44 44 44 44 44 44 44	State Charter	red Transit Distric	et	
			9. NAME OF FEDE			
				nsit Administratio		
10. CATALOG OF FEDERA ASSISTANCE NUMBER	L DOMESTIC		11. DESCRIPTIVE	TITLE OF APPLICANTS I	PROJECT:	
TITLE 49 U.S.C.	5316		Fiscal Year 20	Fiscal Year 2007 Los Angeles County JARC, CA-37-X071-01		
12. AREAS AFFECTED BY	PROJECT (cities, coun	ties, states, etc.)				
County of Los	Angeles CA					
County of Los	Angeles, CA					
13. PROPOSED PROJECT	14. CONGRES	SSIONAL DISTRICTS OF				
Start Date	Ending D	ate a. Applicant		b. Project		
10/23/06	10/31/	Districts 24	through 39, and 41	Same	as Applicant	
20/20/00	10,017				шэтүриеши	
15. ESTIMATED FUNDING		16 IS ADDITION	TION CUD IFOT TO DEV	TEW DV COATE EVECUTE	WIE ODDER 1997 PROCESSO	
a Federal	657,78				IVE ORDER 12272 PROCESS? AVAILABLE TO THE STATE EXECUTIVE	
			R 12372 PROCESS FOR R	EVIEW ON		
		DATE	6/20/07			
		b NO 🗆	PROGRAM IS NOT COV	ZEDED BY E O 12252		
·		I NO L	PROGRAM IS NOT COV	VERED BY E O 123/2		
			OR PROGRAM HAS NOT	T BEEN SELECTED BY ST	TATE FOR REVIEW	
b Applicant S		.00				
c State S d Local S		.00				
e Other		.00				
f Program Income			LICANT DELINQUENT	ON ANY FEDERAL DEBT	?	
			-	1521		
		Yes I	f "Yes" attach an explanati	ion 🗵 No		
g TOTAL	657,7	80.00				
19 TO THE DEST OF MY VNOV	WIEDCE AND DELIEE A	I I DATA IN THIS ADDITION	AN DDEADDIICATION ADE T	TOLIE AND CODDECT. THE D	DOCUMENT HAS BEEN DULY AUTHORIZED BY THE	
GOVERNING BODY OF THE AP						
a Typed Name of Authorized	Representative			b Title	c Telephone number	
GLADYS LOWE		RECEIV	/ED	Director Regional Program Mar	(213) 922-2459	
d. Signature of Authorized Re	presentative	JUN 2 7 2	2007	e. Date Signed	10	
	, nu		o House	1 1/2/		
Previous Editions Not Usable		STATE CLEARING	G HOUSE I	((

OMB	Approval	No.	0348-004

APPLICATION FO				2. DATE SUBMIT 6/20/07	TED	F	Aı	plicant I	dentifier
FEDERAL ASSIST		E							
1. TYPE OF SUBMISSION Application	:	Preapplication		3. DATE RECEIV	ED BY STA	ATE	Sta	ate Appli	cation Identifier
☐ Construction		☐ Construction							
⊠ Non-Construction		□ Non-Construction		4 DATE DECENY	ED DV EEL	DEDAI	ACENCY Fo	deral Ide	antifice
5. APPLICANT INFORMA	TION			4. DATE RECEIV	ED DI FEL	JEKAL	AGENCI FE	derai ide	ntmer
Legal Name				Organizational Un	it:				
Los Angeles County M	Ietropol	itan Transportation A	uthority	Programm	ning & P	olicy	Analysis		
Address (give city, state, and	-			Name and telephonarea code)	ne number o	of the pe	rson to be contac	ted on m	atters involving this application (give
	One Gateway Plaza			Kathy Bar	nh				
Los Angeles, C	Califor	nia 90012-2952		(213) 922-					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 4.4 0 19 75			7. TYPE OF APP	LICANT: (e	enter app	propriate letter in	box)	N	
8. TYPE OF APPLICATIO				A State	H Inden	endent S	School Dist.		
		☑ Revision – A (Increas	se of Award)	B County C Municipal D Township		Control ite Univ	led Institution of ersity	Higher l	Learning
If Davisian antar annuantia	ta lattar(in hav(as).		E Interstate F Intermunicip	L Indiv		anization		
If Revision, enter appropria	te tetter(:	s) iii box(es);		G Special Distr	rict N Oth	er (Spe	cify)		
)ecrease		ration	1					
D Decrease Duration O	iner (spec	(יענאי)		State Char			District		
				9. NAME OF FEDERAL AGENCY: Federal Transit Administration					
10. CATALOG OF FEDER	AL DOV	IESTIC		11. DESCRIPTIV				ECT:	
ASSISTANCE NUMBER									
TITLE 49 U.S.C. § 5317				Fiscal Year	2007 New	v Free	dom CA-57-X	K003-0 1	l
12. AREAS AFFECTED BY	PROJE	CT (cities, counties, state	s, etc.)						
County of Los	Angel	es, CA							
13. PROPOSED PROJECT		14. CONGRESSIONAL	DISTRICTS OF						
Start Date		Ending Date	a. Applicant				b. Project		
10/23/06		10/31/10	Districts 24 thi	rough 39, and	41		Same as A	nnlic	ant
20/20/00		10/02/120						-PPc	
									
15. ESTIMATED FUNDING		202 112 00	16. IS APPLICATIO						
a Federal	\$	282,113.00		372 PROCESS FOR			AS MADE AVA	ILABLE	TO THE STATE EXECUTIVE
			D.4.70E (//	20/07					
			DATE <u>6/2</u>	20/0 /					
			b NO PRO	PROGRAM IS NOT COVERED BY E O 12372					
				PROGRAM HAS N	OT BEEN S	ELECT	TED BY STATE	FOR RE	VIEW
b Applicant	\$.00							
c State d Local	<u>\$</u>	.00 .00							
e Other	\$.00							
f Program Income	<u>\$</u>	.00	17. IS THE APPLIC	ANT DELINQUEN	T ON ANY	FEDEF	RAL DEBT?		
9	•		_	-					
		,		es" attach an explar	nation	× N	D		
g TOTAL	\$	282,113.00							
18. TO THE BEST OF MY KNO GOVERNING BODY OF THE A									S BEEN DULY AUTHORIZED BY THE
a Typed Name of Authorized Representative RECE			RECE	IVED	b Tit	tle		c To	elephone number
GLADYS LOWE			JUN 2	7 2007	Direc Regio		ogram Managem	ent	(213) 922-2459
d. Signature of Authorized R	tepresent	átive	STATE CLEAR	ING HOUSE		te Signe	1307		
Previous Editions Not Usable	-)		I amount to the second						

Application for Federal Ass	sistance SF-424		Version 02			
* 1. Type of Submission:						
Preapplication	New					
Application	Continuation	* Other (Specify)				
Changed/Corrected Application	Revision					
* 3. Date Received:	4. Applicant Identifier:		1			
Completed by Grants.gov upon submission.						
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:				
State Use Only:			- PECEN/ED			
6. Date Received by State:	7. State Application	on Identifier:	RECLIVE			
8. APPLICANT INFORMATION:		-	JUN 2 7 ZUO7			
a. Legal Name: City of San Luis	Obispo		STATE GLEARING HOUSE			
* b. Employer/Taxpayer Identification	Number (EIN/TIN):	* c. Organizational DUNS:	Constitution of the Consti			
95-6000781		098992407				
d. Address:						
* Street1: 990 Palm Stre	el					
Street2:						
* City: San Luis Obis	ро					
County:						
* State:	1111 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CA: California				
Province:						
* Country:		USA: UNITED STATES				
* Zip / Postal Code: 93401						
e. Organizational Unit:		Division Name				
Department Name:		Division Name:				
Police Department						
		n matters involving this application:				
Prefix: Mrs.	* First Na	me: Melissa				
Middle Name:						
	* Last Name: Ellsworth					
Suffix:						
Title: Senior Administrative Analyst						
Organizational Affiliation:						
* Telephone Number: 805-781-701	3	Fax Number: 805-781-70	088			
* Email: mellsworth@slocity.org						
Chair. Inclored algebras, vis						

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
C: City or Township Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
Other (specify):	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	44 + F F 4 + 1, 1/4 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
* 12. Funding Opportunity Number:	
COPS-OTHERTECH-2007-1	
* Tille:	}
COPS Law Enforcement Technology	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City of San Luis Obispo County of San Luis Obispo	ļ 1
Gooding of Carlo Carlo	Ì
^ 15. Descriptive Title of Applicant's Project:	
Generator and Handheld Radio Project	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	
Add Attachments Delice Attachments 1.00 / 1.00	

**A Applicant 23 ** b. Program/Project 23 **Attach an additional list of Program/Project Congressional Districts if needed. **Add Attachment 1 **T7. Proposed Project: ** **a. Start Date: 09/50/2010 **b. End Date: 09/50/2010 **b. End Date: 09/50/2010 **B. Estimated Funding (\$): ** **a. Federal 175,782.00	Application for Federal As	sistance SF-424	Version 02
Attach an additional list of Program/Project Congressional Districts if needed. Add Altachment 17. Proposed Project: - a. Start Date: 09/01/2007	16. Congressional Districts Of:		
Add Allachment 17. Proposed Project: 18. Estimated Funding (\$): 2. Federal	* a. Applicant 23	* b. Program/Project 23	
17. Proposed Project: a. Start Date: 09/01/2007 b. End Date: 09/30/2010 18. Estimated Funding (\$): a. Federal 175,782.00 b. Applicant 0.00 c. State 0.00 d. Local 58,593.00 e. Other 0.00 f. Program Income 0.00 g. TOTAL 224,375.00 f. Program Income 0.00 g. TOTAL 224,375.00 f. Program is subject to Review By State Under Executive Order 12372 Process? / J. This application was made available to the State under the Executive Order 12372 Process for review on 06/27/2007 g. Frogram is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. 20. Is the Applicant Delinquent On Any Federal Dab17 (If "Yes", provide explanation.) Yes No 21. By spling this application in courtly (1) to the statements contained in the list of certifications* and (2) that the statements bergin are true, complete and accurate to the best of my knowledge. Take provide the required assurances* and agree to complete and securate to the best of my knowledge. Take provide the required assurances* and agree to secure the complete and ascurate to the best of my knowledge. Take provide the required assurances* and agree to secure the complete and ascurate to the best of my knowledge. Take provide the required assurances* and agree to secure the certification of the certifications of the certification of the certificatio	Attach an additional list of Program	/Project Congressional Districts if needed.	
a. Start Date: 09/01/2007 b. End Date: 09/30/2010 8. Estimated Funding (\$): a. Federal 175,782.00 b. Applicant 0.00 c. State 0.00 d. Local 58,593.00 e. Other 0.00 f. Program Income 0.00 g. TOTAL 294,375.00 19. Is Application Subject to Review By State Under Executive Order 12372 Process? 7. Is This application was made available to the State under the Executive Order 12372 Process for review on 06/27/2007 g. Totral 0.00 g. TOTAL	Add Atlachment		
18. Est/mated Funding (\$): 19. Federal	17. Proposed Project:		
175,782.00 b. Applicant 0.00 c. State 0.00 d. Local 58,583.00 e. Other 0.00 f. Program Income 0.00 g. TOTAL 234,375.00 19. Is Application Subject to Review By State Under Executive Order 12372 Process? 7/ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/27/2007 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No 21. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements benefin are true, complete and accurate to the best of my knowledge. I also provide the required avarances* and agree to comply with any resulting terms if I accept in award. I am award it any after little in the required avarances* and agree to comply with any resulting terms if I accept an award. I am award that may false, littlibus, or fraudulant statements or claims may subject me to criminal, civil, or administrative pensities. (U.S. Cede, Title 215, Section 1001) *********************************	* a. Start Date: 09/01/2007	• b. End Date: 09/30/	2010
b. Applicant 0.00 c. State 0.00 d. Local 58,593.00 e. Other 0.00 f. Program Income 0.00 g. TOTAL 234,375.00 19. Is Application Subject to Review By State Under Executive Order 12372 Process? // a. This application was made available to the State under the Executive Order 12372 Process for review on 06/27/2007 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No 21. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements have been are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am award that any false, flettiflous, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) *** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. **Authorized Representative: **First Name: Deborah** **Indie: Chief of Police** Telephone Number: (805) 781-7337 Fax Number: (805) 781-7088 Email: dlinden@slocity.org **Signature of Authorized Representative: **Complete the Complete the Complete by frients.org uses surfaced.** **Date Signatic Complete the Complete by frients.org uses surfaced.** **Date Signatic Complete the Complete by frients.org uses surfaced.** **Date Signatic Complete the Complete by frients.org uses surfaced.** **Date Signatic Complete the Co	18. Estimated Funding (\$):		
c. State 0.00 d. Local 58,593.00 e. Other 0.00 t. Program Income 0.00 g. TOTAL 234,375.00 19. Is Application Subject to Review By State Under Executive Order 12372 Process for review on 06/27/2007 J. This application was made available to the State under the Executive Order 12372 Process for review on 06/27/2007 D. Program is subject to E.O. 12372 but has not been selected by the State for review. C. Program is subject to E.O. 12372 but has not been selected by the State for review. C. Program is not covered by E.O. 12372. 20. Is the Applicant Delinquent On Any Faderal Debt? (If "Yes", provide explanation.) Yes No 21. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements coroningly with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to ordininal, civil, or administrative penalities. (U.S. Code, Title 218, Section 1001) Authorized Representative: *First Name: Deborah Wildle Name: Last Name: Linden Suffix: Title: Chief of Police *Tralephone Number: (005) 781-7337 Fax Number: [805) 781-7088 Email: dlinden@slocity.org Signature of Authorized Representstive: *Complete by firents of use of sufficients. *Date Signed: Complete Complete Organization. *Date Signed: Complete Complete Organization. *Date Signed: Complete Complete Organization.	* a. Federal	175,782.00	
d. Local 58,593.00 e. Other 0.00 f. Program Income 0.00 g. TOTAL 234.375.00 19. Is Application Subject to Review By State Under Executive Order 12372 Process? // a. This application was made available to the State under the Executive Order 12372 Process for review on 08/27/2007] b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No 21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements review any subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Soction 1001) **I AGREE** "The list of certifications and assurances, or an internet alie where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: "First Name: Deborah Widdle Name: Linden Suffix: Title: Chief of Police Telephone Number: (809) 791-7337 Fax Number: (809) 781-7088 Email: dikinden@slocity.org Signature of Authorized Representative: Completed by frents and unger surinssion. * Date Signed: Completed ** Comple	* b. Applicant	0.00	
e. Other 0.00 1. Program Income 0.00 1. Start 234,375.00 1. Program Income 0.00 1. Start 234,375.00 1. Program Is subject to Review By State Under Executive Order 12372 Process? 2. This application was made available to the State under the Executive Order 12372 Process for review on 06/27/2007 2. The subject to E.O. 12372 but has not been selected by the State for review. 2. Program is not covered by E.O. 12372. 2. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) 2. The signification of Light 1 State and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulont statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) 2. The list of certifications and assurances, or an internet sile where you may obtain this list, is contained in the announcement or agency specific instructions. 2. Last Name: Linden 3. Unide Name: Linden 3. Unide Name: Linden 3. Unide Name: Linden 3. Signature of Authorized Representative: Completed by firing and uncompleted by firing and uncompleted. (2005) 781-7085 2. Email: dinden@slocity.org 3. Signature of Authorized Representative: Completed by firing and uncompleted. (2005) 781-7085	* c. State	0.00	
Program Income 9, TOTAL 234,375.00 19, Is Application Subject to Review By State Under Executive Order 12372 Process? A. This application was made available to the State under the Executive Order 12372 Process for review on 06/27/2007 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. 20, Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No 21, "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. It am aware that any false, (fictilitous, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) 1 **IAGRE** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: Profix: **First Name: Deborah Wilddle Name: Last Name: Linden Suffix: Title: Chief of Police Telephone Number: [805) 781-7337 Fax Number: [805) 781-7088 Email: difinden@slocity.org Signature of Authorized Representative: **Ompleted by first specific instructions.** **Date Signed: Completed Com	* d. Local	58,593.00	
19. TOTAL 234,375.00 19. Is Application Subject to Review By State Under Executive Order 12372 Process? 7/ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/27/2007 1. Program is subject to E.O. 12372 but has not been selected by the State for review. 1. Program is not covered by E.O. 12372. 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) 21. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements been error are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject the to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Soction 1001) 21. **I AGREE** 23. **The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency appecific instructions. 24. **Last Name:* 24. **Last Name:* 25. **Linden** 26. **Linden** 26. **Linden** 27. **Linden** 28. **Linden** 29. **Linden** 29. **Linden** 29. **Linden** 29. **Linden** 29. **Linden** 29. **Linden** 20. **Linden** 21. **Linden** 22. **Linden** 23. **Linden** 24. **	* e. Other	0.00	
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The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: Prefix: * First Name: Deborah Middle Name: Last Name: Linden Suffix: Title: Chief of Police Telephone Number: (805) 781-7337 Fax Number: (805) 781-7088 Email: dlinden@slocity.org Signature of Authorized Representative: Completed by Grants.go uton submission. * Date Signed: Completed by Grants.go uton submission.	herein are true, complete and a comply with any resulting terms	ccurate to the best of my knowledge. I also provide the required assurance if I accept an award. I am aware that any false, fictitious, or fraudulent state	es** and agree to
Authorized Representative: Prefix: Prefix: Prefix: Last Name: Linden Suffix: Title: Chief of Police Telephone Number:	* I AGREE		
Prefix: Middle Name: Last Name: Linden Suffix: Title: Chief of Police Telephone Number: (805) 781-7337 Fax Number: (805) 781-7088 Email: dlinden@slocity.org Signature of Authorized Representative: Completed by Grants.gou uton submission. Date Signed: Completed to Grants.gou uton submission.	** The list of certifications and assu specific instructions.	rances, or an internet site where you may obtain this list, is contained in the annou	ncement or agency
Viddle Name: Last Name: Linden Suffix: Title: Chief of Police Telephone Number: (805) 781-7337 Fax Number: [805) 781-7088 Email: dlinden@slocity.org Signature of Authorized Representative: Completed by Grants.gol uton submission. Date Signed: Completed by Grants.gol uton submission.	Authorized Representative:		
Last Name: Linden Suffix: Title: Chief of Police Telephone Number: (805) 781-7337 Fax Number: (805) 781-7088 Email: dlinden@slocity.org Signature of Authorized Representative: Completed by Grants.go utto submission. Date Signed: Completed by Grants.go utto submission.	Prefix:	* First Name: Deborah	No. 1980 1980 1980 1980 1980 1980 1980 1980
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Title: Chief of Police Telephone Number: (805) 781-7337 Fax Number: (805) 781-7088 Email: dlinden@slocity.org Signature of Authorized Representative: Completed by Grants.go utto submission. Date Signed: Completed by Grants.go utto submission.	* Last Name: Linden		
Telephone Number: (805) 781-7337 Fax Number: (805) 781-7088 Email: dlinden@slocity.org Signature of Authorized Representative: Completed by Grants.go utto submission. Date Signed: Completed by Grants.go utto submission.	Suffix:		
Email: dlinden@slocity.org Signature of Authorized Representative: Completed by Grants.go. uton submission. Date Signed: Completed by Grants.go. uton submission.	* Title: Chief of Police		
Signature of Authorized Representative: Completed by Grants.go. unto submission. Date Signed: Completed by Grants.go. unto submission.	* Telephone Number: (805) 781-7	937 Fax Number: [(805) 781-7088	// () () () () () () () () () (
	* Email: dlinden@slocity.org		
Authorized for Local Reproduction Standard Form 424 (Revised 10/200s	* Signature of Authorized Represen	tative: Completed by Grants.gou uto sub hission. Date Signed: Completed to State	s of gons Distion.
	Authorized for Local Reproduction	C.Oxom I Too	Standard Form 424 (Revised 10/2005

DM :DAS BUDGETS	FAX NO.	:9163415147	Jun. 2 MB Approval No	7 2007 09:20AM P2
APPLICATION FOR FEDER	AL ASSISTANCE	2. Date Submitted	A	plicant Identifier
		3. Date Rec'd by State	St	ate Application Identifier
. Type of Submission: Application Preappli Construction Co X Nonconstruction No	ication Instruction Inconstruction	4. Date Rec'd by Feder	al Fo	deral Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip cot State Water Resource 1001 I Street, Sacram Sacramento, Californ	ento County	Organizational Unit: Division of Water Qua Name and telephone of involving this applicati Rik Rasmussen (916) 341-5549	person to be contact ion (give area code):	
6. Employer Identification Numbe 6. DUNS Number: 80832191 8. Type of Application: X_ New Revision If Revision, enter appropriate letter A. Increase Award B. C. Increase Duration D. Other (specify) 10. Catalog of Federal Domestic A 66.454 Title: Water Quality Mans 12. Area Affected by Project: (cities, counties, states, etc.)	Continuation (s): Decrease Award Decrease Duration Assistance Number	11. Descriptive Title Oversce and manage	H. Independen 1. State Institut J. Private Univ K. Indian Trib L. Individual M. Profit Orga N. Other (special control of Applicant's Project water quality planning inances, to assure the	t School District te of Higher Learning versity e unization cify) on Agency
State of California 13. Proposed Project:	STATE CLEARING HOUSE 6/30/2012	Applicant:	Project: California - A	II
a. Federal b. Applicant c. State d. Local c. Other"In-Kind" Support f. Program Income	\$597,755 \$0 \$0 \$0 \$181,442 \$0 \$779,197	b. NO: 17. Is the applicant of YES, attach of	12372 process? This application/proste to the State EO 12 on: Date: June 2' Program is not cove Program has not bee state for review. delinquent on any Federaplanation	application was made 372 process for 7, 2007 red by EO # 12372 en selected by the deral debt?XNO
18. TO THE BEST OF MY KNO TRUE AND CORRECT, THE D APPLICANT, AND THE APPLI	ACTIVATION TO BE DECEMBED AND A	A [[]] [] [] [] [] [] [] [] [I' CIO A L'ICIATIAO MAS	
IS AWARDED. a. Typed Name of Authorized R Dorothy Ricc	epresentative	b. Title:	tive Director	c. Telophone Number (916) 341-5615

d. Signature of Authorized Representative

June 28, 2007

e. Date Signed:

Application f	or Federal Assis	tance SF-424				Versi	on 02
* 1. Type of Subn	nission:	* 2. Type of Application:	* If Revision,	select appropriate	letter(s):		
Preapplication	ı	✓ New					
✓ Application		Continuation	* Other (Spec	cify)			
Changed/Corr	ected Application	Revision					
* 3. Date Receive	ed:	4. Applicant Identifier:					
Completed by Grants	gov upon submission.						
5a. Federal Entity	y Identifier:		* 5b. Fed	eral Award Identif	ier:		
CA 03905						The state of the s	-
State Use Only:						RECEIVED	
6. Date Received	by State:	7. State Application	on Identifier:			JUN 2 7 2007	
8. APPLICANT II	NFORMATION:					STATE CLEARING HOUS	
* a. Legal Name:	City of Stockton Pol	ice Department				AND THE RESIDENCE OF THE PARTY	SE
* b. Employer/Tax	xpayer Identification N	umber (EIN/TIN):	* c. Orga	nizational DUNS:			
94-6000436			0309118	58			
d. Address:			1				
* Street1:	22 East Market S	Street					
Street2:							
* City:	Stockton						
County:	San Joaquin						
* State:			(A: California			
Province:							
* Country:			USA: UNITE	O STATES			
* Zip / Postal Cod	de: 95202						
e. Organization	al Unit:						
Department Nam	e:		Division I	Name:			
Stockton Police I	Department						
f. Name and cor	ntact information of	person to be contacted on	matters inv	olving this appli	cation:		
Prefix: M	Λr.	* First Na	me: Bob				
Middle Name:							
* Last Name: N	Marconi						
Suffix:							
Title: Program Manager III							
Organizational Affiliation:							
City of Stockton Police Department							
* Telephone Num	nber: (209) 937-8651			Fax Number:	(209) 937-8896		
* Fmail: Bob.N	Marconi@ci.stockton.	ca.us					

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
C: City or Township Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
* 12. Funding Opportunity Number:	
COPS-OTHERTECH-2007-1	
* Title:	
COPS Law Enforcement Technology	
13. Competition Identification Number:	
13. Competition Identification Number:	
Title:	
Title.	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Stockton region including the cities of Stockton, Lodi, Manteca, and multiple jurisdictions within the Stockton MSA.	
* 15. Descriptive Title of Applicant's Project:	
Stockton's Regional Interoperable Communications and Information Sharing Program	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application fo	or Federal Assistan	ce SF-424			Version 02	
16. Congression	al Districts Of:					
* a. Applicant	11,18			* b. Program/Project 11,18		
Attach an addition	nal list of Program/Project	Congressional Districts if	needed.			
		Add Attachment	lete Attach	ment View Atlachment		
17. Proposed Pr	oject:					
* a. Start Date:	10/01/2007			* b. End Date: 09/30/20	09	
18. Estimated Fu	unding (\$):					
* a. Federal		1,651,035.00				
* b. Applicant		550,345.00				
* c. State		0.00				
* d. Local		0.00				
* e. Other		0.00				
* f. Program Inco	ome	0.00				
* g. TOTAL		2,201,380.00				
b. Program is c. Program is * 20. Is the Appl Yes 21. *By signing therein are true, comply with any may subject me * * I AGREE ** The list of certispecific instruction	* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No Explanation 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)					
Authorized Rep	resentative:	٦				
	Mr.	* First Nam	e: [J.			
,,,,,au,,,,,	Gordon					
	Palmer	7				
Suffix:	Jr.					
* Title: City Ma	ınager					
* Telephone Num	ber: (209) 937-8294			Fax Number: (209) 937-7149		
* Email: City.N	//anager@ci.stockton.ca.u	S				
* Signature of Au	thorized Representative:	Completed by Grants.gov upo	n submission	* Date Signed: Completed by Grants.	gov upon submission.	

PAGE 02/05

Application Continuation Other (Specify) Changed/Corrected Application Revision	Application for	· Federal Assis	tance S	6F-424	****************				V	ersion 02
Application ChangedCorrected Application Revision	1. Type of Submis	sion:	* 2. Typ	e of Application:	* If R	* If Revision, select appropriate letter(s):				
Changed-Corrected Application Revision	Preapplication		☑ New							
3. Date Received: 4. Applicant Identifier: 59. Federal Entity Identifier: 59. Federal Entity Identifier: 59. Pederal Entity Identifier: 59. Date Received by State: 6. APPLICANT INFORMATION: 7. State Application Identifier: 8. APPLICANT INFORMATION: 8. Legal Name: City of Redding Police Department 9. Employer/Tapayare Identification Number (ENVTIN): 9. Corganizational UNIS: 9. Street1: 9. Street1: 1313 California Street 9. Street2: 9. City: 9. Redding 9. County: 9. Redding 9. County: 9. Shasta 9. California 9. Province: 9. Organizational Unit: 9. Organizational Unit: 9. Organizational Unit: 9. Organizational Unit: 9. Profice Administration 1. Name and contect information of person to be contacted on matters Involving this application: 9. Profice: 9. First Name: 1. Sanet 1. Marka and contect information of person to be contacted on matters Involving this application: 9. Profice: 1. First Name: 1. Sanet 1. Marka and contect information of person to be contacted on matters Involving this application: 9. Profice: 1. First Name: 1. Sanet 1. Sa	✓ Application		Cont	tinuation	• Oth	er (Specify	<i>(</i>)			
State Use Only: Share Use Use Use United Street Street: Share Use Only: Share Use Use Use United Street Share Use Only: Share Use Use United Street Share Use Only: Share Use Use Use United States CA: California Province: Share Use Only: Share Only: Sha	Changed/Correc	ted Application	Revi:	sion						
State Use Only: State Use Only: State Racelved by State: 7. State Application Identifier: 11N 9 7 2007 8. APPLICANT INFORMATION: 8. Legal Name: City of Readding Police Department 9. Employer/Taxpayer Identification Number (EIN/TIN): 10. Corganizational DUNS: 188024823 4. Address: 1313 California Street 1313 California Street 1315 California Street 1316 County: 1317 California Street 1318 California Street 1318 California Street 1319 California Street 1319 California Street 1310 County: 1310 California Street 1310 California Street 1310 California Street 1310 California Street 1311 California Street 1312 California Street 1313 California Street 1313 California Street 1314 California Street 1315 California Street 1316 California Street 1317 California Street 1318 California Street	* 3. Date Received:		4. Appli	cant Identifier:	Ja					
State Use Only: State Use Only: State Application Identifier: HN 2 7 2007 State Application Identifier: HN 2 7 2007 State Application Identifier: HN 2 7 2007 STATE CLEARING HOUSE Conganizational DUNS: (188024823 4. Address: Street!: [1313 California Street Street2: Colny: Redding County: Shasta County: Shasta County: USA: UNITED STATES Top Poolal Code: 98001 e. Organizational Unit: Department Name: Police Administration Police Administration (1. Name and contact information of person to be contacted on matters involving this application: **First Name: **Last Name: Crawford Suffix: Title; Management Analyst Crganizational Affiliation: **Telephone Number: 530 245-7157 Fax Number: 530-225-4555	Completed by Grants.go	v upon submission.								
5. Date Received by State: 7. State Application Identifier: HIN 2.7 7007 8. APPLICANT INFORMATION: STATE OLE ARING HOUISE 9. Legal Name: City of Redding Police Department STATE OLE ARING HOUISE 15. Employer/Taxpayer Identification Number (EIN/TIN): c. Organizational DUNS: Headonadol (188924823) 4. Address: Street: [1313 California Street] 5. Street: City: Redding County: Shasta CA: California Province: CO. California Province: County: USA: UNITED STATES **Country: USA: UNITED STATES **Country: Country: Police Administration 6. Name and contact Information of person to be contacted on matters involving this application: Prefix: First Name: Janet **Crawford Suffix: Title: Menagemant Analyst Corganizational Affiliation: **Telephone Number: 530.245-7157 **Fax Number: 530-225-4556	5a. Federal Entity Id	dentifier:			-\ \	5b, Federa	al Award Identifie	er: 		
5. Date Received by State: 7. State Application Identifier: HIN 2.7 7007 8. APPLICANT INFORMATION: STATE OLE ARING HOUISE 9. Legal Name: City of Redding Police Department STATE OLE ARING HOUISE 15. Employer/Taxpayer Identification Number (EIN/TIN): c. Organizational DUNS: Headonadol (188924823) 4. Address: Street: [1313 California Street] 5. Street: City: Redding County: Shasta CA: California Province: CO. California Province: County: USA: UNITED STATES **Country: USA: UNITED STATES **Country: Country: Police Administration 6. Name and contact Information of person to be contacted on matters involving this application: Prefix: First Name: Janet **Crawford Suffix: Title: Menagemant Analyst Corganizational Affiliation: **Telephone Number: 530.245-7157 **Fax Number: 530-225-4556	State Use Only:	V 1				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			RECEIVED	
b. Employer/Taxpayer Identification Number (EIN/TIN): c., Organizational DUNS: 18889/4823 d. Address: Street: 1313 California Street Street2: City: Redding County: Shasta CA. California Province: County: USA: UNITED STATES Co		y State:		7. State Applicati	on Ider	ntifier:			HIN 2 7 2007	
b. Employer/Taxpayer Identification Number (EIN/TIN): c., Organizational DUNS: 18889/4823 d. Address: Street: 1313 California Street Street2: City: Redding County: Shasta CA. California Province: County: USA: UNITED STATES Co	8, APPLICANT INF	ORMATION:							HOUSE	
Address: Street1: 1313 California Street Street2: City: Redding County: Shasta Province: County: USA: UNITED STATES Zip / Postal Code: 96001 Division Name: Police Department Name: Division Name: Police Department Province First Name and contact Information of person to be contacted on matters twolving this application: **First Name: Janet Corganizational Affiliation: Title: Management Analyst Corganizational Affiliation: **Telephone Number: 530 245-7157 Fax Number: 530-225-4568	a, Legal Name:	City of Redding Pol	ice Depar	tment				13	STATE CLEARING	
d. Address: Street1: 1313 California Street Street2: City: Redding County: Shasta State: CA: California Province: County: USA: UNITED STATES Zip / Postal Code: S6001 Division Name: Police Department Police Administration First Name: Janet Last Name: Crawford Suffix: Crawford Suffix: Crawford Suffix: Crawford Suffix: Title: Management Analyst Crganizational Milletion: Fax Number: 530-225-4568	^ b, Employer/Taxp	ayer Identification N	lumber (E	EIN/TIN);	1.	c, Organi	zational DUNS:			
Street1: 1313 California Street Street2: County: Redding County: Shasta State: CA: California Province: CQuirty: USA: UNITED STATES 7 Zip / Postal Code: 95001 a. Organizational Unit: Depertment Name: Division Name: Police Department f. Name and contact Information of person to be contacted on matters truolving this application: Prefix: First Name: Jonet Middle Name: Last Name: Crawford Suffix: Title: Management Analyst Organizational Affillation: Telephone Number: 530 245-7157 Fax Number: 550-225-4568	94-6000401	.,,			[1	88924823				
Street2: * City: Redding County: Shasta - State: CA. California Province: * Country: USA: UNITED STATES * Zip / Postal Code: 99001 • Organizational Unit: Depertment Name: Police Department f. Name and contact Information of person to be contacted on matters Involving this application: Prefix: First Name: Janet Middle Name: * Last Name: Crawford Suffix: Title: Management Analyst Organizational Affillation: * Telephone Number: 530 245-7157 Fax Number: 530-225-4568	d. Address:									
County: Shasta State: CA: California Province: USA: UNITED STATES - Country: USA: UNITED STATES - Zip / Postal Code: \$5001 - Organizational Unit: Department Name: Division Name: Police Administration f. Name and contact information of person to be contacted on matters involving this application: Prefix: First Name: Janet Middle Name: Last Name: Crawford Suffix: Title: Management Analyst Organizational Affiliation: Telephone Number: \$30 245-7157 Fax Number: \$30-225-4568	* Street1;	1313 California S	Street							
County: Shasta State: CA: California Province: USA: UNITED STATES * Zip / Postal Code: 96001 • Organizational Unit: Department Name: Division Name: Police Administration f. Name and contact Information of person to be contacted on matters Involving this application: Prefix: First Name: Janet Middle Name: Last Name: Crawford Suffix: Title: Management Analyst Organizational Affiliation: *Telephone Number: \$30,245-7157 Fax Number: \$500-225-4566	Street2:	AP				P.N			Will Will Will Will Will Will Will Will	
State: CA: California Province: Country: USA: UNITED STATES - Zip / Postal Code: 96001 a. Organizational Unit: Depertment Name: Police Department f. Name and contact Information of person to be contacted on matters involving this application: Prefix: First Name: Janet Middle Name: Last Name: Crawford Suffix: Title: Management Analyst Organizational Affiliation: Telephone Number: 530 245-7157 Fax Number: 530-225-4568	" City:	Redding								
Province: Country: USA: UNITED STATES Zip / Postal Code: 96001 a. Organizational Unit: Depertment Name: Police Department f. Name and contact information of person to be contacted on matters involving this application: Prefix: First Name: Janet Middle Name: Last Name: Crawford Suffix: Title: Management Analyst Organizational Affiliation: Telephone Number: 530 245-7157 Fax Number: 530-225-4568	County:	Shasta							,	₁
Country: "Zip / Postal Code: 96001 S. Organizational Unit: Department Name: Police Department Folice Department Folice Administration Folice Administration Frefix: "First Name: Janet Middle Name: "Last Name: Crawford Suffix: Title: Management Analyst Crganizational Affiliation: "Telephone Number: 530 245-7157 Fax Number: 530-225-4568	* State:	1444		, a		CA	A; California		1011	
Zip / Postal Code: 96001 e. Organizational Unit: Department Name: Police Department f. Name and contact Information of person to be contacted on matters Involving this application: Prefix: First Name: Janet Middle Name: Last Name: Crawford Suffix: Title: Management Analyst Organizational Affiliation: Talephone Number: 530-245-7157 Fax Number: 530-225-4568	Province:	1,17			- A					
e. Organizational Unit: Department Name: Police Department F. Name and contact Information of person to be contacted on matters Involving this application: Prefix: First Name: Janet Middle Name: * Last Name: Crawford Suffix: Title: Management Analyst Organizational Affillation: * Telephone Number: 530-245-4568	* Country:				USA	: UNITED	STATES			
Department Name: Police Department Police Administration F. Name and contact Information of person to be contacted on matters Involving this application: Prefix: First Name: Janet Middle Name: Crawford Suffix: Title: Management Analyst Organizational Affiliation: Telephone Number: 530 245-7157 Fax Number: 530-225-4568	* Zip / Postal Code	96001								
Police Department F. Name and contact Information of person to be contacted on matters Involving this application: Prefix: First Name: Janet Middle Name: Last Name: Crawford Suffix: Title: Management Analyst Organizational Affiliation: Telephone Number: 530 245-7157 Fax Number: 530-225-4568	e. Organizational	Unit:								weren.
f. Name and contact Information of person to be contacted on matters Involving this application: Prefix: First Name: Janet Middle Name: Last Name: Crawford Suffix: Title: Management Analyst Organizational Affiliation: Telephone Number: 530 245-7157 Fax Number: 530-225-4568	Department Name	•				Division Na	ame:			
Prefix: Simple Suffix: Print Name: Janet Middle Name: Last Name: Crawford Suffix: Title: Management Analyst Organizational Affillation: Telephone Number: 530 245-7157 Fax Number: 530-225-4568	Police Department					olice Adr	ministration		, A	
Middle Name: *Last Name: Crawford Suffix: Title: Management Analyst Organizational Affiliation: * Telephone Number: 530 245-7157 Fax Number: 530-225-4568	f. Name and cont	act Information of	person (to be contacted o	n matt	ters Invol	lving this appile	lcation:		
* Telephone Number: 530 245-7157 Last Name: Crawford Suffix: Title: Management Analyst Organizational Affillation: Fax Number: 530-225-4568	Prefix:			• First N	ame:	Janet				
Suffix: Title: Management Analyst Organizational Affiliation: * Telephone Number: 530 245-7157 Fax Number: 530-225-4568	Middle Name:									
Title: Management Analyst Organizational Affiliation: * Telephone Number: 530 245-7157 Fax Number: 530-225-4568	Last Name: Cr	Last Name: Crawford								
Organizational Affiliation: * Telephone Number: 530 245-7157 Fax Number: 530-225-4568	Suffix:									and the second
* Telephone Number: 530 245-7157 Fax Number: 530-225-4569	Title: Manageme	ant Analyst	1		118/					
Total Hallows	Organizational Affi	Illation:				4.5			1 HI TO	
Total Hallows				41,-					- 1/4 (VAR 1000)	
* Email: crawford@reddingpolice.org	* Telephone Numb	per: 530 245-7157	*	inf V			Fax Number:	530-225-45	568	
	• Email: crawfo	ord@reddingpollce.c	org							

PAGE 03/05

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
C: City or Township Government	
Type of Applicant 2: Select Applicant Type:	_
B: County Government	·
Type of Applicant 3: Select Applicant Type:	,
* Other (specify):	
' 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
* 12. Funding Opportunity Number:	
COPS-COPSMETH-2007-1	
• Title:	
COPS Methamphetamine Initiative	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
The state of the s	
A S De vicinity of A - We and a Device of	
^ 15, Descriptive Title of Applicant's Project: Shasta Methamphetamine Addiction Reduction Team (SMART)	
. Suesta Manambuctanina Voordion Leadiction Leani (Sinvict)	
<u> </u>	
Attach supporting documents as specified in agency instructions.	
Add Attachments Defete Attachments Mawattachments	
Labella (19) gas alla antina (Cristal antina propositional antina antina propositional antina	

PAGE 04/05

Application for Federal	Assistance SF-424	Version 02
16, Congressional Districts Of	E	
a. Applicant Dist 2	* b. Program/Project Dist 2	
Attach an additional list of Prog	ram/Project Congressional Districts if needed.	
	installation of Arternation Arternation	
17. Proposed Project:		
* a. Start Date: 10/01/2007	° b, End Date: 09/30/2008	
18. Estimated Funding (\$):		
* a. Federal	449,559.00	
* b. Applicant	0,00	
* c. State	0.00	
d. Local	0.00	
* e. Other	0.00	
* F. Program Income	0.00	
*g, TOTAL	449,559.00	
herein are true, complete at comply with any resulting to may subject me to criminal, AGREE	tion, I certify (1) to the statements contained in the list of certifications** and (2) that the standaccurate to the best of my knowledge. I also provide the required assurancea* and a terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	or claims
specific instructions.		
Authorized Representative:	First Name: Leonard	
Prefix:	I nativanie.	
Middle Name: F		
Suffix:		
		• • • • • • • • • • • • • • • • • • •
3 Title: Chief of Police		
* Title: Chief of Police	5 Al- had 600 005 4500	
100	25-4211 Fax Number: 530 225-4568	
100		

Application for Federal Assistance SF-424 Version 02							
1. Type of Submission:	2. Type of Application	On If Revision, select ap	propriate letter(s)				
☐ Preapplication	⊠ Néw						
	☐ Continuation	Continuation Other (Specify)					
☐ Changed/Corrected Application	Revision	Revision					
3. Date Received: 4.	Applicant Identifier:		RECEIVED				
5a. Federal Entity Identifier:		*5b. Federal Award Ident	fier: JUN 2 8 2007				
State Use Only:			STATE CLEARING HOUSE				
6. Date Received by State:	7. State Ap	plication Idenlifier:	3 - Sept. 1 - Se				
8. APPLICANT INFORMATION:				<u> </u>			
*a. Legal Name: California State Coa	stal Conservancy			}			
*b. Employer/Taxpayer Identification (94-3164968	Number (EIN/TIN):	*c. Organizational DUNS: 808322408					
d. Address:							
*Street 1: <u>1330 Broad</u>	dway, Suite 1300						
Street 2:							
*City: Oakland							
County: <u>Alameda</u>			•				
*State: <u>California</u>							
Province:							
*Country: <u>USA</u>			•				
*Zip / Postal Code 94612							
e. Organizational Unit:							
Department Name:		Division Name:					
f. Name and contact information o	f person to be contac	ted on matters involving t	his application:				
Prefix: Ms.	*First Name:	Ann ·	• ,				
Middle Name: <u>Catherine</u>							
*Last Name: Buell							
Suffix:							
Title: Project Manager	,						
Organizational Affiliation: California State Coastal Conservancy							
*Telephone Number: (510) 286-075	*Telephone Number: (510) 286-0752 Fax Number: (510) 286-0470						
"Email: abuell@scc.ca.gov							

Application for Federal Assistance SF-424	· · · · · · · · · · · · · · · · · · ·	ersion 02
*9. Type of Applicant 1: Select Applicant Type:		Í
A,State Government		
Type of Applicant 2: Select Applicant Type:	· ·	
Type of Applicant 3: Select Applicant Type:		
*Other (Specify)	·	
*10 Name of Federal Agency: U.S. Department of the Interior, Fish and Wildlife Service		,
11. Catalog of Federal Domestic Assistance Number:		
15-614		
CFDA Title:		
Coastal Wetlands Planning, Protection and Restoration Act	•	
*12 Funding Opportunity Number:		
<u>CWG-08</u>		
,		
*Title:		
National Coastal Wetlands Conservation Grant Program		
•	_	•
13. Competition Identification Number:		
Title:	•	
-		
	,	
14. Areas Affected by Project (Cities, Countles, States, etc.):		
City of Hayward, County of Alameda, San Francisco Bay, California		
*15. Descriptive Title of Applicant's Project:	·-	
Eden Landing Salt Ponds Tidal Wetland Restoration project. Restoration of 730 a	cres of former salt ponds to estuarine i	ntertidal
emergent wetland at the Eden Landing Ecological Reserve complex owned by the		
The project is located in South San Francisco Bay, Alameda County, California.	•	· i
	•	

·	}		<u></u>	
,		•		·
				OMB Number: 4040-0004
			•	Expiration Date: 01/31/2009
Application for F	ederal Assistance SF-424			Version 02
16. Congressional	Districts Of:	•		
*a. Applicant: 9		*b. Program,	/Project: 13	
17. Proposed Pro	ject:		u mana bana	040
*a. Start Date: Mar	ch 2008		*b. End Date: December 2	010
18. Estimated Fun	ding (\$):			
*a. Federal	1,000,000			
*b. Applicant	3,161,335			
*c. State	3,000,000			
*d. Local	758,000			
*e. Other *f. Program Incom	e			
g, TOTAL	7,919,335			
*20. Is the Applic Yes 21. *By signing this herein are true, co	not covered by E. O. 12372 ant Delinquent On Any Federal De No s application, I certify (1) to the state replete and accurate to the best of neterms if I accept an award. I am award.	oments contained in to ny knowledge. I also are that any false, fic	he list of certifications** and (2) to provide the required assurances titious, or fraudulent statements of the control of the	and agree to compry
me to criminal, civi	il, or administrative penalties. (U. S.	Code, 110 e 21a, 3et		
	cations and assurances, or an interr structions	net site where you ma	ay obtain this list, is contained in	the announcement or
Authorized Repre	esentative:			
Prefix:	Ms	*First Name: Nadine		
Middle Name:			•	
*Last Name:	Hitchcock			
Suffix:				,
*Title: Deputy Exe	ecutive Officer			
*Telephone Numb	er: (510) 286-4176		Fax Number: (510) 286-0470	
* Email: nhitchcoo	ck@scc.ca.gov /	1111		_
	orized Bonresentative:	n/Home	OUL Date Sig	ned: (-2207

COASTAL CONSERVANCY

Authorized for Local Reproduction

JUN-28-2007

10:34

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

510 286 0470

P.04

Application for Federal Assis	tance SF-424		Version 02
1. Type of Submission:	* 2. Type of Application:	* if Revision, select appropriate letter(s):	
Preapplication	☑ New		
✓ Application	Continuation	* Other (Specify)	
Changed/Coπected Application	Revision	<u> </u>	
- 3. Date Received:	4. Applicant Identifier:		
Completed by Grants,gov upon submission.			
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	
State Use Only:		RECEN	
6. Date Received by State:	7. State Application	J- 01/V	<u> </u>
8. APPLICANT INFORMATION:		STATE 2 8 2007	
^ a. Legal Name: Los Angeles Count	y Sheriff's Department	*c. Organizational DUNS:	
b, Employer/Taxpayer Identification t	Number (EIN/TIN):	*c. Organizational DUNS:	
95-600927		028950678	
d. Address:			
* Street1: 4700 Ramona B	oulevard		
\$treet2:	**************************************		
* City: Monterey Park	- 11		
County:			
• State:		CA: California	
Province:	11 11 (11 11 11 11 11 11 11 11 11 11 11		
* Country:	,	USA: UNITED STATES	
* Zip / Postal Code: 91754) = 14 MH	i	
e. Organizational Unit:			
Department Name:		Division Name:	
f. Name and contact information o	f person to be contacted or	n matters involving this application:	
Prefix:	• First Na	me: Abby), b) 118
Middle Name:	1111		
* Lest Name: Valdez			
Suffix:			
Title:			
Organizational Affiliation:			
* Telephone Number: (323) 526-570	B	Fax Number:	
• Email: arvaldez@lasd.org			

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
B: County Government	
Type of Applicant 2: Select Applicant Type:	
	14.1.111.111.111.111.111.111.111.111.11
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Community Orlented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	<i>"</i>
16.710	
CFDA Title:	
Public Safety Partnership and Community Policing Grants	
man and an	,
* 12. Funding Opportunity Number:	
COPS-CPD-2007-08	
* Title:	101 A Roman Company and Company of the Company of t
School and Campus Safety	:
	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13. Competition Identification Number:	
Title:	,
	;
i	
	74 (P4 mm) ((10 mm) 4 mm)
14. Areas Affected by Project (Cities, Counties, States, etc.):	
	1
* 15. Descriptive Title of Applicant's Project:	
School Community Policing Partnership	
	.
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	
CONTRACTOR CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE PROPE	

2005

Application for Federal Assi	tance SF-424	Version 02
16. Congressional Districts Of:		
a, Applicant 24-37	- b. P	Program/Project 24-37
Attach an additional list of Program/Pr	oject Congressional Districts if needed.	
Cong. Districts.doc	Azic Astroporagini Delete Attachment View	Altachment
17. Proposed Project:		, <u>-</u>
* a. Start Date: 10/01/2007		* b. End Date: 03/31/2009
18. Estimated Funding (\$):		
* a. Federal	500,000.00	
* b. Applicant	0.00	
* c. State	0.00	
d. Local	0.00	·
* e. Other	0.00	
*f, Program Income	0.00	
• g. TOTAL	500,000.00	
21. *By signing this application, I herein are true, complete and so	n Any Federal Debt? (If "Yes", provide explanation for the statements contained in the list of the best of my knowledge. I also provide the accept an award. I am aware that any false, ficting	certifications" and (2) that the statements the required assurances" and agree to itious, or fraudulent statements or claims
	or administrative penalties. (U.S. Code, Title 218,	Section 1001)
** I AGREE ** The list of certifications and assurance in the specific instructions.	nces, or an internet site where you may obtain this list	, is contained in the announcement or agoncy
Authorized Representative:		
Prefix:	* First Name: Leroy	
Middle Name:		
* Last Name: Baca		
Suffix:		·
* Tille: Sheriff, Los Angeles Coun	y	
* Telephone Number: (323) 526-50	0 Fax Num	nber:
* Emall: grants@lasd.org		
* Signature of Authorized Represent	tive: Completed by Grants.gov upon submission. * Date	Signed: Completed by Grants.gov upon submission.

100%

Application for Federal Assista	nce SF-424		Version 02	
*1. Type of Submission:				
☐ Preapplication	⊠ New			
	☐ Continuation	*Other (Specify)	hand bear A hans I I have had	
☐ Changed/Corrected Application	Revision		RECEIVED	
3. Date Received:	. Applicant Identifier:		JUN 2 9 2007	
	04-040-952750		STATE CLEARING HOUSE	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	The second of th	
State Use Only:	STEAM OF THE STATE		ander varret 1 til frans er er frans fra 1840 er 1840 e	
6. Date Received by State:	7. State Ap	oplication Identifier:		
8. APPLICANT INFORMATION:				
*a. Legal Name: Peoples' Self-Help	Housing Corporation	NY GENERALAN NY TRANSPORTENTANA NY TRANSPORTENTAN'I PROPERTY NY TRANSPORTENTAN'I PROPERTY NY TRANSPORTENTAN'I		
*b. Employer/Taxpayer Identification 95-2750154	Number (EIN/TIN):	*c. Organizational DUNS: 09-641-4412		
d. Address:	gaste malministration management (minimum promotion) (minimum promotion) (minimum promotion) (minimum promotion)	and was a manufact to the process and an analysis of the manufacture and an activities of the finding course to the contract of the contract o	O 3 SOCIONATO CARA COST. EL SISTINGO COMPANIO POR PORTO POR ACCIONACIONA CONTRACTOR ACCIONACIONAL CONTRACTOR ACCIONACIONA	
*Street 1: <u>3533 Emp</u>	leo Street		and a second and the second about a second and the	
Street 2:				
*City: San Luis	Obispo			
County: San Luis	Obispo			
*State: <u>California</u>				
Province:				
*Country: <u>United Sta</u>	ates of America	de Processia de Carte		
*Zip / Postal Code 93401				
e. Organizational Unit:				
Department Name: Housing Development Department		Division Name:		
f. Name and contact information	of person to be contac	cted on matters involving this a	application:	
Prefix: Ms.	*First Name:	Sheryl		
Middle Name:				
*Last Name: Flores				
Suffix:				
Title: Housing Developm	ent Department Directo	or		
Organizational Affiliation:				
*Telephone Number: 805-781-3088	3, ext. 465	Fax Number: 805-544-1901		
*Email: sherylf@pshhc.org				

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type:	
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
Other (Specify)	
*10 Name of Federal Agency:	NOTIFICATION TO A STATE OF THE PROPERTY OF THE
USDA Rural Development (523 Program)	
11. Catalog of Federal Domestic Assistance Number:	i destanti di Richi di Fish di Andres dipenti di Composita di Produccione
10-420	
CFDA Title:	
Section 523 Technical Assistance	
*12 Funding Opportunity Number:	
10-420	
*Title:	
Section 523 Technical Assistance	
AAA AA AAA AAAA AAAA AAAAAAAAAAAAAAAAA	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
San Luis Obispo County California - Templeton, California & San Miguel, California	
Santa Barbara County California - Cuyama, California	
*15. Descriptive Title of Applicant's Project:	
Applicant is applying for a Section 523 Technical Assistance Grant to construct 54 mutual self-help single family hom	es.

Application for	Federal Assistance SF-424			Version 02		
16. Congression	al Districts Of:					
*a. Applicant: CA	-023	*b.	Program/Project: C	A-023 and CA 024		
17. Proposed Pr	oject:					
*a. Start Date: 3/	1/08	*b.	End Date: 2/28/10			
		Annual Transaction and the Section and the Sec	er partineret i mennentriare different stelle lande herriorde de parti ekstern, dat et protestaten bestekt.			
18. Estimated Fu	nding (\$):					
*a. Federal	1,344,600.00	•				
*b. Applicant						
*c. State						
*d. Local						
*e. Other						
*f. Program Incor	ne					
*g. TOTAL	1,344,600.00					
□ b. Program is □ c. Program is *20. Is the Appli □ Yes 21. *By signing th	ation was made available to the Stasubject to E.O. 12372 but has not be not covered by E. O. 12372 cant Delinquent On Any Federal E No is application, I certify (1) to the state	Debt? (If "Yes", provements contained in the	ide explanation.)	s** and (2) that the statements		
with any resulting	herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)					
	ications and assurances, or an inter	rnet site where you ma	ay obtain this list is o	contained in the announcement or		
agency specific ir		mor one mere you me				
Authorized Repr	esentative:					
Prefix:	Ms	*First Name: <u>Jeanet</u>	te			
Middle Name:						
*Last Name:	Duncan					
Suffix:						
*Title: Assistant	Secretary and Executive Director					
*Telephone Number: 805-781-3088, ext. 454 Fax Number: 805-544-1901						
* Email: jeanette	d@pshhc.org					
*Signature of Aut	norized Representative:	Hun	<u> </u>	*Date Signed: 6/27/07		

60%

Preapplication	Application for Federal Assistance SF-424				Version 02	
Application	*1. Type of Submission:					
Changed/Corrected Application	☐ Preapplication	⊠ New				
3. Date Received: 4. Applicant Identifier: 04-040-952750154 IIIN 2 9 2007		☐ Co	ntinuation	*Other (Specify)		
State Use Only: 5a. Federal Entity Identifier: 5b. Federal Award Identifier: STATE CLEARING HOUSE State Use Only: 6. Data Received by State: 7. State Application Identifier: 8. APPLICANT INFORMATION: 7a. Legal Name: Peoples' Self-Help Housing Corporation 7b. Employer/Taxpayer Identification Number (EIN/TIN): 7c. Organizational DUNS: 95-2750154 4. Address: 7street 1: 9533 Empleo Street 7street 2: 7cliy: San Luis Obispo County: San Luis Obispo State: California Province: 7country: United States of America 7lp / Postal Code 93401 6. Organizational Unit: Department Name: Housing Development Department 6. Name and contact Information of person to be contacted on matters involving this application: Prefix: Ms. 7street Name: First Name: Flores Suffix: Title: Housing Development Department Director Organizational Affiliation: Telephone Number: 805-781-3088, ext. 465 Fax Number: 805-644-1901	☐ Changed/Corrected Applicatio	n 🔲 Rev	rision			
State Use Only: 6. Date Received by State: 7. State Application Identifier: 8. APPLICANT INFORMATION: 9. Legal Name: Peoples' Self-Help Housing Corporation 95-2750154 4. Address: 95-2750154 4. Address: 95-2750154 4. Address: 95-2750154 55 State I 3533 Empleo Street 95-1750154 55 Street 2: 95-2750154 55 Street 2: 95-2750154 55 Street 2: 95-2750154 56 Division Name: 95-2750154 57 Division Name: 96 Division Name: 97 Division Name: 98 Division Name: 98 Sent Information of person to be contacted on matters involving this application: 98 Suffix: 99 Sent Information Sent Info	3. Date Received:	4. Applica	nt Identifier:		RECEIVED	
State Use Only: 6. Date Received by Stato: 7. State Application Identifier: 8. APPLICANT INFORMATION: *a. Legal Name: Peoples' Self-Help Housing Corporation *b. Employer/Taxpayer Identification Number (EIN/TIN): *c. Organizational DUNS: 98-41-4412 *c. Organizational DUNS: *Country: *Country: *Country: *Country: *United States of America *Province: *Country: *United States of America *2ip / Postal Code 93401 • Organizational Unit: Department Name: Housing Development Department f. Name and contact information of person to be contacted on matters involving this application: *Prefix: *Misc. *First Name: *Shery! Title: Housing Development Department Director Organizational Affiliation: *Telephone Number: 805-781-3088, ext. 485 Fax Number: 805-544-1901		0-	4-040-952750	154	JUN 2 9 2007	
State Use Only:	5a. Federal Entity Identifier:			*5b. Federal Award Iden		
6. Date Received by State: 7. State Application Identifier: 8. APPLICANT INFORMATION: *a. Legal Name: Peoples' Self-Help Housing Corporation *b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2750154 d. Address: *Street 1: 3533 Empleo Street *Street 2:		· · · · · · · · · · · · · · · · · · ·			STATE CLEANING HOUSE	
**A APPLICANT INFORMATION: *a. Legal Name: Peoples' Self-Help Housing Corporation *b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2750154 *c. Organizational DUNS: 99-641-4412 d. Address: *Street 1:			T		The state of the s	
*a. Legal Name: Peoples' Self-Help Housing Corporation *b. Emiployer/Taxpayer Identification Number (EIN/TIN): 95-2750154 d. Address: **Street 1: Street 2: **City: San Luis Obispo County: San Luis Obispo **State: California Province: **Country: United States of America **Zip / Postal Code 93401 **Department Name: Housing Development Department f. Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. *First Name: Sheryl Middle Name: **Last Name: Flores Suffix: Title: Housing Development Department Director Crganizational Affiliation: **Telephone Number: 805-781-3088, ext. 465 Fax Number: 805-544-1901			7. State Ap	plication Identifier:		
**Telephone Number: 805-781-3088, ext. 465 **C. Organizational DUNS: 99-841-4412 **C. Duns: 99-841-4412 **C. Duns: 99-841-4412 **C.						
95-2750154	*a. Legal Name: Peoples' Self-H	elp Housing (Corporation			
d. Address: *Street 1: 3533 Empleo Street Street 2:	· •	ion Number ((EIN/TIN):	1	: :	
*Street 1: 3533 Empleo Street Street 2:				09-041-4412		
*City: San Luis Obispo County: San Luis Obispo *State: California Province: *Country: United States of America *Zip / Postal Code 93401 e. Organizational Unit: Department Name: Division Name: Housing Development Department f. Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. *First Name: Sheryl Middle Name: *Last Name: Flores Suffix: Title: Housing Development Department Director Organizational Affiliation: *Telephone Number: 805-781-3088, ext. 465 Fax Number: 805-544-1901						
*City: San Luis Obispo County: San Luis Obispo *State: California Province: *Country: United States of America *Zip / Postal Code 93401 e. Organizational Unit: Department Name: Housing Development Department f. Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. *First Name: Sheryl Middle Name: *Last Name: Flores Suffix: Title: Housing Development Department Director Organizational Affiliation: *Telephone Number: 805-781-3088, ext. 465 Fax Number: 805-544-1901	·	<u>:mpleo Stree</u>	<u> </u>	ACCOUNTY OF THE PROPERTY OF TH		
County: San Luis Obispo *State: California Province:						
*State: Califomia Province: 'Country: United States of America *Zip / Postal Code 93401 e. Organizational Unit: Department Name: Housing Development Department f. Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. *First Name: Sheryl Middle Name: *Last Name: Flores Suffix: Title: Housing Development Department Director Organizational Affiliation: *Telephone Number: 805-781-3088, ext. 465 Fax Number: 805-544-1901	•	•				
Province: *Country: United States of America *Zip / Postal Code 93401 e. Organizational Unit: Department Name: Housing Development Department f. Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. *First Name: Sheryl Middle Name: *Last Name: Flores Suffix: Title: Housing Development Department Director Organizational Affiliation: *Telephone Number: 805-781-3088, ext. 465 Fax Number: 805-544-1901	1	-				
*Country: United States of America *Zip / Postal Code 93401 e. Organizational Unit: Department Name: Housing Development Department f. Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. *First Name: Sheryl Middle Name: *Last Name: Flores Suffix: Title: Housing Development Department Director Organizational Affiliation: *Telephone Number: 805-781-3088, ext. 465 Fax Number: 805-544-1901	· .	nia				
*Zip / Postal Code 93401 e. Organizational Unit: Department Name:		States of An	norica			
Prefix: Ms. *First Name: Shery! Middle Name: *Last Name: Flores Suffix: Title: Housing Development Department Department Department Department Shery: *Telephone Number: 805-781-3088, ext. 465 *Tax Number: 805-544-1901		States of An	ienca			
Department Name: Housing Development Department f. Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. *First Name: Sheryl Middle Name: *Last Name: Flores Suffix: Title: Housing Development Department Director Organizational Affiliation: *Telephone Number: 805-781-3088, ext. 465 Fax Number: 805-544-1901						
Housing Development Department f. Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. *First Name: Sheryl Middle Name: Flores *Last Name: Flores Suffix: Housing Development Department Director Organizational Affiliation: *Telephone Number: 805-781-3088, ext. 465 Fax Number: 805-544-1901				Division Name:		
Prefix: Ms. *First Name: Sheryl Middle Name:		ıt		Division Name.		
Middle Name: *Last Name: Flores Suffix: Title: Housing Development Department Director Organizational Affiliation: *Telephone Number: 805-781-3088, ext. 465 Fax Number: 805-544-1901	f. Name and contact information	on of person	to be contac	ted on matters involving	this application:	
*Last Name: Flores Suffix: Title: Housing Development Department Director Organizational Affiliation: *Telephone Number: 805-781-3088, ext. 465 Fax Number: 805-544-1901	Prefix: Ms.	*	First Name:	Sheryl		
Suffix: Title: Housing Development Department Director Organizational Affiliation: *Telephone Number: 805-781-3088, ext. 465 Fax Number: 805-544-1901	Middle Name:					
Title: Housing Development Department Director Organizational Affiliation: *Telephone Number: 805-781-3088, ext. 465 Fax Number: 805-544-1901	*Last Name: <u>Flores</u>					
Organizational Affiliation: *Telephone Number: 805-781-3088, ext. 465 Fax Number: 805-544-1901	Suffix:			_		
*Telephone Number: 805-781-3088, ext. 465 Fax Number: 805-544-1901	Title: Housing Develo	pment Depa	rtment Directo	pr		
	Organizational Affiliation:					
	*Telephone Number: 805-781-3	088, ext. 465	5	Fax Number: 805-544	-1901	
*Email: sherylf@pshhc.org	*Email: sherylf@pshhc.org					

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type:	
M.Nonprofit w/501C3 IRS Status(Oth Than Higher Edu	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
*10 Name of Federal Agency: USDA Rural Development (523 Program)	
11. Catalog of Federal Domestic Assistance Number:	
10-420	
CFDA Title:	
Section 523 Technical Assistance	
*12 Funding Opportunity Number:	ry night kan krype noch sit markert fent i de ett i mellet i het verden været i het et elle sit kan
10-420	
*Title:	
Section 523 Technical Assistance	
· · · · · · · · · · · · · · · · · · ·	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
San Luis Obispo County California - Templeton, California & San Miguel, California	
Santa Barbara County California - Cuyama, California	
*15. Descriptive Title of Applicant's Project:	a a a a a a a a a a a a a a a a a a a
This application is for 60% of our 100% application. Applicant is applying for a Section 523 Technical Assistance	e Grant to construct
32.4 mutual self-help single family homes. The 100% application is for a \$1,344,600 Section 523 Technical Ass	sistance Grant to
construct 54 single family homes.	

A contraction the extension a same extension and produce a contraction of the contraction and assessment of contraction and	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	VALUE SECTION
Landa provincia de la company de la comp		MANAGEMENT OF COMMENSAGEMENT AND PROPERTY OF THE PROPERTY OF T

Application for	Federal Assistance SF-4	424		Version 02
16. Congression	al Districts Of:	india (Purk vend) vos a denys, a acel anazurakokoliski Ol-VIVIV syvo (14) o Mari elme recorda, anakok	ANDELING EN LEMENT AND EN LINGUES AND ENGLISHE STATE AND STATE AND AND ENGLISH AND	OR ACCIONATO SERVATO DE COMO DE PERSONA ESTA CONTRA
*a. Applicant: CA		*b.	Program/Project: C	A-023 and CA-024
17. Proposed Pr	oject:		The second secon	
*a. Start Date: 3/	1/08	*b.	End Date: 2/28/10	
18. Estimated Fu	nding (\$):			
*a. Federal	806,760			
*b. Applicant		_		
*c. State				
*d. Local		_		
*e. Other		_		
*f. Program Incor		_		
*g. TOTAL	806,760	_		
	769,500	_		
*20. Is the Appli Yes 21. *By signing the herein are true, consistent any resulting me to criminal, civilizing the second seco	omplete and accurate to the terms if I accept an award. I vil, or administrative penalties fications and assurances, or a	the statements contained in to best of my knowledge. I also I am aware that any false, fic s. (U. S. Code, Title 218, Sec	ne list of certifications provide the required titious, or fraudulent tition 1001)	s** and (2) that the statements I assurances** and agree to comply statements or claims may subject contained in the announcement or
Authorized Repr				en e
Prefix:	Ms.	*First Name: <u>Jeanel</u>	te	
Middle Name:	-			
*Last Name:	Duncan			
Suffix:				
*Title: Assistant	Secretary and Executive Dire	ector		
*Telephone Num	ber: 805-781-3088, ext. 454		Fax Number: 805-	544-1901
* Email: jeanette	d@pshhc			
*Signature of Aut	horized Representative:	Menn		*Date Signed: 6/27/07

					Expiration	Date: 01/3 /2003		
Application fo	r Federal Assis	stance SF-424				Version 02		
* 1. Type of Submi	ssion:	* 2. Type of Application	* If Revision, select	appropriate lette	r(s):			
Preapplication		✓ New						
✓ Application		Continuation	* Other (Specify)					
Changed/Corre	cted Application	Revision				u		
* 3. Date Received	:	4. Applicant Identifier:						
Completed by Grants.g	ov upon submission.							
5a. Federal Entity I	ldentifier:		* 5b. Federal Aw	ard Identifier:				
State Use Only:								
6. Date Received b	oy State:	7. State Applic	eation Identifier:					
8. APPLICANT IN	FORMATION:				POSTER NO DESCRIPTION OF THE PROPERTY OF THE P	7		
* a. Legal Name:	City of Fresno			-	HEGENTED			
	payer Identification N	lumber /FIN/TINI)·	* c. Organization	al DUNS:	JUN 2 9 2007			
94-6000338	Jayer Identification N		071887855					
					STATE CLEARING HOUSE			
d. Address:				1955	COMPANY OF THE CONTRACT OF T			
* Street1:	2600 Fresno Stre	2600 Fresno Street						
Street2:								
* City:	Fresno	Fresno						
County:			CA: Cali	fornia		 }		
* State: Province:			OA. Gall	,				
* Country:			USA: UNITED STAT	ES				
* Zip / Postal Code:								
e. Organizational								
Department Name:			Division Name:					
Police Department								
f. Name and conta	act information of	person to be contacted	on matters involving	this application	on:			
Prefix: Ms		* First						
Middle Name:	100							
* Last Name: Gai	rcia							
Suffix:								
Title: Grants Man	ager							
Organizational Affili	ation:					(0)		
* Telephone Number	er: 559-621-2053		Fax N	lumber: 559-4	488-1010			
* Email: judy.gar	cia@fresno.gov							

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
C: City or Township Government	
Type of Applicant 2: Select Applicant Type:	_
Type of Applicant 3: Select Applicant Type:	_
* Other (specify):	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
16.710	
CFDA Title:	
Public Safety Partnership and Community Policing Grants	
* 12. Funding Opportunity Number:	
COPS-CPD-2007-10 * Title:	
Open/Other Topics	
Openiotilei Tapics	
13. Competition Identification Number:	
Title:	
·	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Fresno City	
* 15. Descriptive Title of Applicant's Project:	
Faith Based Community Oriented Policing	
Attach supporting documents as specified in agency instructions.	
AND ANADOTOBOS II DEBIE AND CONTROLS IN THE OWNERS	
CONTRACTOR	 -

Application	for Federal Assistar	nce SF-424			Version 02
16. Congression	nal Districts Of:	*			
* a. Applicant	20, 21		* b. Prog	ram/Project 20, 21	
Attach an additi	onal list of Program/Project	Congressional Districts if ne	eded.		
		leleti	la Attachment View Atlas	charocal	n
17. Proposed I	Project:				
* a. Start Date:	10/01/2007		* }	o. End Date: 03/31/2009	
18. Estimated	Funding (\$):				
* a. Federal		250,000.00			
* b. Applicant		0.00			
* c. State		0.00			
* d. Local		0.00			
* e. Other		0.00			
* f. Program Inc	come	0.00			•
* g. TOTAL		250,000.00			
c. Program i * 20. Is the Ap Yes 21. *By signing herein are true comply with a may subject m * 1 AGREE	s not covered by E.O. 1237 plicant Delinquent On An No style g this application, I certify g, complete and accurate ny resulting terms if I accurate to criminal, civil, or ad et o criminal, civil, or ad etifications and assurances, ions.	y Federal Debt? (If "Yes", signation (1) to the statements cont to the best of my knowled sept an award. I am aware ministrative penalties. (U.S.	provide explanation.) tained in the list of certige. I also provide the rethat any false, fictitious S. Code, Title 218, Secti	fications** and (2) that the statement equired assurances** and agree to s, or fraudulent statements or claims ion 1001) intained in the announcement or agency	
Prefix:	Mr.	* First Name:	Andrew		
Middle Name:	Т.				
* Last Name:	Souza				
Suffix:					
* Title: City M	anager				
* Telephone Nu	mber: 559-621-7782		Fax Number:		
* Email: andy	/.souza@fresno.gov				
* Signature of A	uthorized Representative:	Completed by Grants.gov upon su	bmission. * Date Signe	d: Completed by Grants.gov upon submission.	

Application for Federal Assistance SF-424							
and the state of t							
* 1. Type of Submission: * 2. Type of Application: * If Revision, select appropriate letter(s):							
☐ Preapplication							
V Application							
Changed/Corrected Application Revision							
* 3. Date Received: 4. Applicant Identifier:							
Completed by Grants.gov upon submission.							
5a. Federal Entity Identifier: * 5b. Federal Award Identifier:							
State Use Only:							
6. Date Received by State: 7. State Application Identifier:							
8. APPLICANT INFORMATION:							
* a. Legal Name: City of Fresno							
* b. Employer/Taxpayer Identification Number (EIN/TIN): * c. Organizational DUNS:							
94-6000338							
d. Address:							
* Street1: 2600 Fresno Street							
Street2:							
Street2: * City: Fresno RECEIVE	- D						
County: JUN 2 9 201	07						
* State: CA: California							
Province: STATE CLEARING H	IOUSE						
* Country: USA: UNITED STATES							
* Zip / Postal Code: 93721							
e. Organizational Unit:							
Department Name: Division Name:	_						
Police Department							
f. Name and contact information of person to be contacted on matters involving this application:							
Prefix: Ms. * First Name: Judy							
Middle Name:							
* Last Name: Garcia							
Suffix:							
Title: Grants Manager							
Organizational Affiliation:							
* Telephone Number: 559-621-2053 Fax Number: 559-488-1010							

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
C: City or Township Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	· · · · · · · · · · · · · · · · ·
11. Catalog of Federal Domestic Assistance Number:	
16.710	
CFDA Title:	
Public Safety Partnership and Community Policing Grants	
* 12. Funding Opportunity Number: COPS-CPD-2007-10	
* Title:	
Open/Other Topics	
Spanie replac	
•	
13. Competition Identification Number:	
Title:	*
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Fresno City	
	a ;
* 15. Descriptive Title of Applicant's Project:	
Faith Based Community Oriented Policing	
Attach supporting documents as specified in agency instructions.	
Add Attechnons Designation in S. Vey Attennation	

Application	for Federal Assistan	nce SF-424		Version 02	
16. Congressic	onal Districts Of:				
* a. Applicant	20, 21		* b. Program/Project 20, 21		
Attach an additi		t Congressional Districts if ne	needed.		
		Dale:	eta Attachment View Attachment		
17. Proposed F	Project:			i	
* a. Start Date:	10/01/2007		* b. End Date: 03/31/2009		
18. Estimated i	Funding (\$):				
* a. Federal		250,000.00			
* b. Applicant		0.00			
* c. State		0.00			
* d. Local		0.00			
* e. Other		0.00			
* f. Program Inc	come	0.00			
* g. TOTAL		250,000.00			
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process? a. This application was made available to the State under the Executive Order 12372 Process for review on 07/02/2007 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes					
Authorized Rep	presentative:				
Prefix:	Mr.	* First Name:	Andrew		
Middle Name:	Т.				
* Last Name:	Souza				
Suffix:				ь	
* Title: City M	Manager				
* Telephone Nur	mber: 559-621-7782		Fax Number:		
* Email: andy	y.souza@fresno.gov				
* Signature of A	uthorized Representative:	Completed by Grants.gov upon sul	submission. * Date Signed: Completed by Grants.gov upon submission.		

PAGE 03/09

Application for F	ederal Assis	tance S	SF-424				Version 02
* 1. Type of Submission			e of Application:	* 1	If Revision, select appropriate letter(s):		
Preapplication		✓ New					
✓ Application			tinuation	* (Other (Specify)		
Changed/Corrected	d Application	Revi					
* 3. Date Received:		4. Appli	cant Identifier:				
Completed by Grants.gov u	ipon submission.						
5a. Federal Entity Ide	ntlfler:				* 5b. Federal Award Identifier:		
State Use Only:							
6. Date Received by S	State:		7. State Application	on I	dentifier:		·
8. APPLICANT INFO	RMATION:						
* a. Legal Name: Ca	l State L.A. Unive	ersity Aux	lliary Services, Inc.				
* b. Employer/Taxpay	er Identification N	lumber (E	in/Tin):		* c. Organizational DUNS:		
954016653	•		·		066697590		
d. Address:							
* Street1:	5151 State Unive	ersity Driv	re, GE 220				
Street2:						REC	EIVED
* City:	Los Angeles					II IN C	0 2007
County:	Los Angeles					JUN 2	2 9 2007
* State:					CA: California	STATE CLE	ARING HOUSE
Province:							
* Country:				US	SA: UNITED STATES		
* Zlp / Postal Code:	90032						Manager and the second
e. Organizational U	nit:						
Department Name:					Division Name:		
f. Name and contac	t information of	person	to be contacted o	n m	natters involving this application:		
Prefix: Dr.			* First Na	me	e: Ali		
Middle Name:							
* Last Name: Moda	rres						
Suffix:							
Title: Associate Dir	ector, Pat Brown	Institute					
Organizational Affiliat	ion:						
California State Unive	ersity, Los Angele	s					
* Telephone Number:	323-343-3770				Fax Number:		
* Email: amodarr@	gcalstatela.edu						

PAGE 04/09

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
H: Public/State Controlled Institution of Higher Education	
Type of Applicant 2: Select Applicant Type:	
S: Hispanic-serving Institution	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
16.710	
CFDA Title:	. 1
Public Safety Partnership and Community Policing Grants	
* 12. Funding Opportunity Number:	
COPS-CPD-2007-01	
* Title:	
Institutionalizing Community Policing	
13. Competition Identification Number:	
13. Competition Identification Number.	
Title:	
TAGE	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Nationwide	
* 15. Descriptive Title of Applicant's Project:	
Community Governance Training & Technical Assistance Program	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

PAGE 05/09

Application	for Federal Assistan	ce SF-424						Version 02
16. Congressio	nal Districts Of:						_	
* a. Applicant	32			* b. Prog	ram/Project	32		
Attach an addition	onal list of Program/Project	Congressional Districts if ne	eded.					
		Add Attachment Delet	a Altachni	ent View Atta	omment			
17. Proposed F	Project:						_	
* a. Start Date:	01/01/2008			*	b. End Date:	06/30/2009		
18. Estimated I	Funding (\$):							
* a. Federal		491,495.00						
* b. Applicant		0.00						
* c. State		0.00						
* d. Local		0.00						
* e. Other		0.00						
* f. Program Inc	come	0.00						
* g. TOTAL		491,495.00						
21. *By signing herein are true	g this application, I certify e, complete and accurate ny resulting terms if I acc ne to criminal, civil, or adi	(1) to the statements conto the best of my knowled	tained in t Ige. I also that any t	the list of cert provide the r	required ass is, or fraudu	urances" and	¿ gree to	
	rtifications and assurances,	or an Internet site where you	u may obta	in this list, is c	contained in t	ne announceme	ni or agency	
Authorized Re	presentative:							
Prefix:	Mrs.	* First Name:	Alma					
Middle Name:	Ρ.							
* Last Name:	Sahagun							
Suffix:								
* Title: Direc	tor of Contracts & Grants Ac	ministration						
* Telephone Nu	ımber: 323-343-5366			Fax Number:	323-343-64	30		
* Email: asa	hag@cslanet.calstatela.edu							
* Signature of A	Authorized Representative:	Completed by Grants.gov upon s	ubmission.	* Date Sign	ned: Complet	ed by Grants.gov up	o submission.	

MODESTO PD ADMIN

Application for	Federal Assis	tance SF-424		,	Version 02
■ 1. Type of Submiss □ Preapplication ☑ Application □ Changed/Correct	✓ New Continuation * Other (Specify)				
* 3. Date Received:	upon submission.	4. Applicant Identifier;			_
5a. Federal Entity Ide	entifier;		* 5b. Federal Award Identifier:		A CONTRACTOR OF THE CONTRACTOR
State Use Only:	······································	4			
6. Date Received by	State:	7. State Application	n Identifler;	4	i i i i i
B. APPLICANT INFO	ORMATION:		-		
*a, l.egal Name: C	ity of Modesto Police	e Department	73	11.	
* b. Employer/Taxpay	er Identification Nu	ımber (EIN/TIN):	* c. Organizational DUNS;		
d. Address:			•	RECEIVED	
* Street1: Street2: * City: County:	600 Tenth Street Modesto Stanislaus			JUN 2 9 2007 STATE CLEARING HOUS	E
* State: Province: * Country:	101 1 a a a a a a a a a a a a a a a a a		CA: California USA: UNITED STATES] %
* Zip / Postal Code:	95354-3506	12		· · · · · · · · · · · · · · · · · · ·	
e. Organizational U	Init:				
Department Name:			Division Name:	7	
f. Name and contac	t Information of p	erson to be contacted on	matters involving this application	on;	
Prefix: Mrs. Middle Name: Rabb Suffix:	10.	* First Nam	ie: Karen		
Title: Administrative	Analyst				<u> </u>
Organizational Affiliati	ion:			- VA.]
* Telephone Number;	(209) 572-9523		Fax Number: (209)	572-9669	
*Email: rabbk@mo	odestopd.com	**************************************			

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
C: City or Township Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify);	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	7
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
* 12. Funding Opportunity Number:	
COPS-OTHERTECH-2007-1	
Title:	
COPS Law Enforcement Technology	
13. Competition identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
NY	
* 15. Descriptive Title of Applicant's Project:	1
COPS Regional Criminal Justice Information Sharing System.	
Attach supporting documents as specified in agency instructions.	
Add: Attachments View Attachments	

MODESTO PD ADMIN

2095729669

Application for F	ederal Assistance SF-424		Version 02				
16. Congressional Di	etricts Of:						
* a. Applicant CA-0	18	* b. Program/Project CA-018					
Attach an additional list of Program/Project Congressional Districts if needed.							
· \d	Acd Attachment Color	e Adechinson Mess Attachment					
17. Proposed Project	:						
* a. Start Date: 01/01	/2008	* b. End Date: 12/31/2011					
18. Estimated Fundir	g (\$):						
* a. Federal	250,356.06						
* b. Applicant	83,452.02						
* c. State	0,00						
• d. Local	0.00						
* e. Other	0.00						
*f. Program Income	0.00						
g. TOTAL	333,806.0B						
21. 'By signing this a herein are true, com comply with any rest	Delinquent On Any Federal Debt? (if "Yes", plotonian in the statements continued and accurate to the best of my knowled	ained in the list of certifications** and (2) that the statement ige. I also provide the required assurances** and agree to that any false, fictitious, or fraudulent statements or claims					
	ns and assurances, or an internet site where you	may obtain this list, is contained in the announcement or agency					
Authorized Represen	tative:						
Prefix: Mr. Middle Name: W. * Lest Name: Wasd Suffix:	* First Name:	Roy	(tuph				
* Title: Chief of Pollo	*Title: Chief of Police						
* Telephone Number:	* Telephone Number: (209) 572-9501 Fax Number: (209) 572-9669						
* Email: wasdenr@r							
Signature of Authorized Representative: Completed by Grants.gov upon Bubmission. * Date Signed: Completed by Grants.gov upon submission							

Application for	Federal Assis	stance SF-424		Version 0
* 1. Type of Submiss Preapplication Application Changed/Correcte		✓ New	* If Revision, select appropriat * Other (Specify)	te letter(s):
* 3. Date Received:	upon submission	4. Applicant Identifier:		
5a. Federal Entity Ide			* 5b. Federal Award Iden	tifier'
Ja. Federal Linky Ide			ob. I ederal Award Ident	
State Use Only:				RECEIVED
6. Date Received by	State:	7. State Application	ldentifier:	
8. APPLICANT INFO		J.		JUN 2 9 2007
* a. Legal Name: Mo		partment		STATE CLEARING HOUSE
* b. Employer/Taxpay	er Identification N	lumber (EIN/TIN):	* c. Organizational DUNS	::
d. Address:				
* Street1: Street2: * City:	140 E. Lime Avenue Monrovia			
County: * State:			CA: California	
Province: * Country:		l	JSA: UNITED STATES	
* Zip / Postal Code:	91016			
e. Organizational U	nit:			
Department Name:			Division Name:	
f Name and contac	t information of	person to be contacted on	matters involving this and	Nication:
Prefix: Mr.	t information of	* First Nam		mount.
Middle Name: * Last Name: Thigg Suffix:	en			
Title: Project Mana	ger, LA CLEAR			
Organizational Affilia	ion:			
* Telephone Number	323-869-2595		Fax Number:	323-417-4775
	ear.com			

2007-06-29 20:22:17 (GMT)

17075160645 From: JIM THIGPEN

OMB Number: 4040-0004 Expiration Date: 01/31/2009 Version 02 Application for Federal Assistance SF-424 9. Type of Applicant 1: Select Applicant Type: C: City or Township Government Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: RECEIVED * Other (specify): JUN 2 9 2007 STATE CLEARING HOUSE * 10. Name of Federal Agency: Community Oriented Policing Services 11. Catalog of Federal Domestic Assistance Number: 16.710 CFDA Title: Public Safety Partnership and Community Policing Grants * 12. Funding Opportunity Number: COPS-COPSMETH-2007-02 Methamphetamine Training and Technical Assistance 13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): Counties of Los Angele, Orange, San Bernardino, Riverside * 15. Descriptive Title of Applicant's Project: Investigative Support Specialists Attach supporting documents as specified in agency instructions. Add Attachments Delete Attachments View Attachments

16. Congressional Districts Of: * a. Applicant 28
* a. Applicant 28 * b. Program/Project 24-45
Attach an additional list of Program/Project Congressional Districts if needed
Add Attachment Delete Attachment View Attachment
17. Proposed Project: * a. Start Date: 10/01/2007
18. Estimated Funding (\$):
* a. Federal 416,384.00
* b. Applicant
* c. State
* d. Local * e. Other
* f. Program Income
* g. TOTAL 416,384.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
 a. This application was made available to the State under the Executive Order 12372 Process for review on ✓ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
c. Program is not covered by E.O. 12372.
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
Yes ✓ No Explanation
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** I AGREE* ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.
Authorized Representative:
Prefix: * First Name: Roger
Middle Name:
* Last Name: Johnson
Suffix:
* Title: Chief of Police
* Telephone Number: 626-256-8096 Fax Number:
* Email: rjohnson@monrovia.laclen.org
* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

17075160645 From: JIM THIGPEN

Application for Fed	deral Assis	tance SF-424				Version 02
* 1. Type of Submission	:	* 2. Type of Application:	* If Revision, s	select appropriate	letter(s):	
Preapplication		✓ New				
✓ Application		Continuation	* Other (Speci	fy)		
Changed/Corrected A	Application	Revision				
* 3. Date Received: 4. Applicant Identifier:						
Completed by Grants.gov upo	n submission.					
5a. Federal Entity Identif		* 5b. Fede	ral Award Identif	ier:		
State Use Only:						
6. Date Received by Sta	te:	7. State Application	n Identifier:			
8. APPLICANT INFORM	MATION:					
* a. Legal Name: Monre	ovia Police Dep	partment				
* b. Employer/Taxpayer	Identification N	umber (EIN/TIN):	* c. Organ	nizational DUNS:		
95-6000745			00000000	0INDV		
d. Address:						
* Street1:	10 E. Lime Aver	nue				
Street2:						
* City:	onrovia					
County:						
* State:			C.	A: California		
Province:			LIGA LINUTE F	N CTATEC		
* Country:	1010		USA: UNITED	STATES		
,	1016					
e. Organizational Unit	(:		T =			
Department Name:			Division N	ame:	1 ///	
	nformation of	person to be contacted on		olving this appl	ication:	
Prefix: Mr.		* First Nan	ne: James			
Middle Name:						
* Last Name: Thigpen						
Suffix:						
Title: Project Manager, LA CLEAR						
Organizational Affiliation:						
* Telephone Number:				Fax Number:	323-417-4775	
* Email: jimt@laclear	r.com					·

2007-06-29 20:14:28 (GMT)

17075160645 From: JIM THIGPEN

Application for Federal Assistance SF-424		Version 02
9. Type of Applicant 1: Select Applicant Type:		
C: City or Township Government		
Type of Applicant 2: Select Applicant Type:		
Type of Applicant 3: Select Applicant Type:		
* Other (specify):		
* 10. Name of Federal Agency:		
Community Oriented Policing Services		
11. Catalog of Federal Domestic Assistance Number:	The state of the s	
16.710	RECEIVED	
CFDA Title:	JUN 2 9 2007	
Public Safety Partnership and Community Policing Grants	3011 2 3 2001	
* 12. Funding Opportunity Number:	STATE CLEARING HOUSE	
COPS-COPSMETH-2007-02	and and definition of an experience of the color of the c	
* Title:		
Methamphetamine Training and Technical Assistance		
13. Competition Identification Number:		
Title:		
14. Areas Affected by Project (Cities, Counties, States, etc.):		
Counties of Los Angele, Orange, San Bernardino, Riverside		
* 15. Descriptive Title of Applicant's Project:		
Investigative Support Specialists		
·		
Attach supporting documents as specified in agency instructions.		
Add Attachments Delete Attachments View Attachments		

17075160645 From: JIM THIGPEN

OMB Number: 4040-0004 Expiration Date: 01/31/2009

Application for	ederal Assistance SF-424 Ve	rsion 02
16. Congressional	stricts Of:	
* a. Applicant 28	* b. Program/Project 24-45	
Attach an additional	t of Program/Project Congressional Districts if needed.	
	Add Attachment Detete Attachment View Attachment	
17. Proposed Proje	:	
* a. Start Date: 10	/2007 * b. End Date: 09/30/2009	
18. Estimated Fund	g (\$):	
* a. Federal	416,384.00	
* b. Applicant		
* c. State		
* d. Local		
* e. Other		
* f. Program Incom		
* g. TOTAL	416,384.00	
* 20. Is the Applica Yes 21. *By signing thi herein are true, co comply with any re may subject me to	Delinquent On Any Federal Debt? (If "Yes", provide explanation.) No Explanation Application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements plete and accurate to the best of my knowledge. I also provide the required assurances** and agree to ulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims riminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
** The list of certific specific instructions	ons and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency	
Authorized Repres		
Prefix: Middle Name: * Last Name: Joi Suffix:	* First Name: Roger	
* Title: Chief of P	ce	
* Telephone Numbe	626-256-8096 Fax Number:	
* Email: rjohnsor	monrovia.laclen.org	
* Signature of Autho	ed Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.	

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

No. 0897 P. 2

Application for Federal Assist	ance SF-424	\$			Version 02
*1. Type of Submission:					
☐ Preapplication		⊠ New			
 ☑ Application ☑ Continuation 		*Other (Specify)			
☐ Changed/Corrected Application	Revision		,		
3. Date Received:	4. Applicant	Identifier:			
5a. Federal Entity Identifier:			*5b. Federal Awa	rd Identifier:	
,					
State Use Only:		•			
6. Date Received by State:	7	7. State Ap	plication (dentifier:		
8. APPLICANT INFORMATION:					
*a. Legal Name: California State C	oastal Consei	rvancy		•	
*b. Employer/Taxpayer Identification 94-3164968	n Number (El	N/TIN):	*c. Organizationa 808322408	I DUNS:	
d. Address:				BECEIVED	
*Street 1: <u>1330 Br</u>	padway			I have been I V home had	
Street 2: Suite 11			,	JUN 2*9 2007	
*City: <u>Oakland</u>				STATE CLEARING HOUSE	
County: <u>Alameda</u>				recologica describirado en como de servicio de entre en tentre de entre en entre en entre en entre en entre en	
*State: <u>CA</u>					
Province:					
⁺ Country; <u>USA</u>					
*Zip / Postal Code 94612					
e. Organizational Unit:					
Department Name:			Division Name:	e e	
San Francisco Bay Program f. Name and contact information	of nemon to	he contac	ted on matters inv	volving this application:	
			Tom		
Prefix: <u>Mr. </u>		GLITAINO,	I VIII	_	
*Last Name: Gandesbery	-				
Suffix:					
Title: Project Manager					
Organizational Affiliation:					
*Telephone Number: (510) 286-7028 Fax Number: (510) 286-0470					
*Email: tgandesbery@scc.ca.go	<i>'</i>				

No. 0897 P. 3

	Version 02
Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type:	
A.State Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	

*Other (Specify)	
*10 Name of Federal Agency:	
U.S. Department of Interior, Fish and Wildlife Service	
11. Catalog of Federal Domestic Assistance Number:	
·	
<u>15.614</u>	
CFDA Title: Coastal Wetlands Planning, Protection and Restoration Act	
Coastal Wetlands Flamning, FloteCubit and Residuation Ad	
*12 Funding Opportunity Number:	
<u>CWG-08</u>	•
*Title:	
National Coastal Wetlands Conservation Grant Program	
13. Competition Identification Number:	
CWG-08	
Title:	
National Coastal Wetlands Conservation Grant Program	
	·
14. Areas Affected by Project (Citles, Counties, States, etc.):	
Sonoma County, State of California	
·	
•	
*15. Descriptive Title of Applicant's Project:	
Sears Point Wetlands and Watershed Restoration Project (see attached Project Statement)	
•	
I .	

No. 0897 P.

Application for Fe	deral Assistance SF-4	24	Version 02
16. Congressional D	Districts Of:		,
*a. Applicant: CA-00	9	*b	р. Program/Project: CA-006
17. Proposed Proje	ct:		
*a. Start Date: April 2	2007	*b	o. End Date: August 2011
18. Estimated Fund	ing (\$):		
*a. Federal	4,450,000		
*b. Applicant	500,000		
*ć. State	10,000,000	•	•
*d. Local			· ·
*e. Other	750,000		,
*f. Program Income *g. TOTAL		•	
g. TOTAL	15,700,000		
*19. Is Application	Subject to Review By Sta	te Under Executive Orde	r 12372 Process?
🛛 a. This application	on was made available to th	ne State under the Executiv	ve Order 12372 Process for review on 06/28/07
☐ b. Program is sub	oject to E.O. 12372 but has	not been selected by the S	State for review.
c. Program is no	t covered by E. O. 12372	·	
*20. Is the Applicar	nt Delinquent On Any Fed	eral Debt? (If "Yes", pro	ovide explanation.)
☐ Yes	No		
herein are true, comp with any resulting ter	plete and accurate to the be	est of my knowledge. I also am aware that any false, fic	the list of certifications** and (2) that the statements o provide the required assurances** and agree to comply ctitious, or fraudulent statements or claims may subject ection 1001)
⊠ ** I AGREE			
** The list of certificate agency specific instru		n internet site where you m	nay obtain this list, is contained in the announcement or
Authorized Represe	entative:		
Prefix: Ms		*First Name: Nadin	ne .
Middle Name:			
*Last Name: <u>Hit</u>	chcock		
Suffix:			
*Title: Deputy Execu	tive Officer		
*Telephone Number:	(510) 286-4176	. ,	Fax Number: (510) 286-0470
* Email: nhitchcock@	ijscc.ca.gov	//	
*Signature of Authori	zed Representative:	edine Hich	*Date Signed (0-27-07)

JUN-29-2007 12:30

EL CAJON POLICE DEPT

619 441 1*33*0 P.02

Application for Federal Assistance SF-424 Version 0				n 02			
1. Type of Submission;		▼ 2. Type of Application:	* If Revision.	aelect appropriai	te letter(s);		
Preapplication		✓ New					
✓ Application □ Continuation •		* Other (Spec	cify)				
Changed/Corrected A	pplication	Revision					
- 3. Date Received:		4. Applicant Identifier:					
Completed by Grants.gov upon	submission.						
5a. Federal Entity Identifi	ier:		▼5b. Fed	eral Award Ident	ifier;		
State Use Only:							
6. Date Received by Stat	:ө:	7. State Application	on Identifier:				
8. APPLICANT INFORM	IATION:						
* a. Legal Name: City of	f El Cajon						
b. Employer/Taxpayer l	dentification N	umber (EIN/TIN):	- c. Orga	nizational DUNS	:	RECEIVED	
95-6000703			07872739	3		JUN 209 2007	
d. Address:		1					
* Street1: 200	0 E. Main Stre	ėt .				STATE CLEARING HOUSE	
Street2:							
* Çity:	Свјоп						
County;			~				
* State:	CA: California						
Province:							
- Country:							
* Zip / Postal Code: 92020-3996							
Organizational Unit:							
Department Name:			Division N	lame:	_		
El Cajon Police Departme	ent						
f. Name and contact in	formation of	person to be contacted on	matters (ny	olving this app	lication:		
Prefix:		First Nac	ne: Olivia				
Middle Name:							
* Last Name: Puentes-	Reynolds			~~~		· · · · · · · · · · · · · · · · · · ·	٦
Suffix;							
Title: Management Ana	lyst					· · · · · · · · · · · · · · · · · · ·	
Organizational Affiliation;							
El Cajon Police Department							
Telephone Number: 61	19-441-1524			Fax Number:	619-441-1330		
Email: Olivia@ci.el-c	ajon.ca.us						

EL CAJON POLICE DEPT

619 441 1330 P.03

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
C: Clly or Township Government	
Type of Applicant 2: Select Applicant Type:	_
Type of Applicant 3; Select Applicant Type:	_
* Other (specify):	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11, Catalog of Federal Domestic Assistance Number:	
16,710	
CFDA Title:	
Public Safety Partnership and Community Policing Grants	
* 12. Funding Opportunity Number:	
COPS-CPD-2007-06	
• Title:	
Ethics and Integrity	
13. Competition Identification Number:	
13. Competition Identification Number:	
Title:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
The primary area affected is the City of El Cajon. However, this project. If funded, will provide a model to the state and nation on how to administer community policing.	
* 15. Descriptive Title of Applicant's Project:	
Building a Sustainable Culture of Leadership Execution: Taking Community Policing to Community Governance	
	1
Attach supporting documents as specified in agency instructions,	
A A A A A A A A A A A A A A A A A A A	

EL CAJON POLICE DEPT

619 441 1330

P.04

OMB Number: 4040-0004 Expiration Date: 01/31/2009

Application	for Federal Assista	nce SF-424	Vers	ion 02
16. Congressio	nal Districts Of:			
▼ a. Applicant	GA-052		b. Program/Project	
Attach an addition	onal list of Program/Projec	ct Congressional Districts if ne	eeded.	
		Delete	ete Attachmant View Attachment	
17. Proposed P	'roject:			
" a. Start Date:	10/01/2007		* b. End Date: 03/31/2009	
18. Estimated F	-unding (\$):	And the second s		
a. Federal		1,137,064.00		
* b. Applicant				
° c. State				
" d. Local		0.00		
• e. Other		0.00		
* f. Program Inc	:ome	0.00		
g. TOTAL		1,137,064.00		
* 20. Is the App * 20. Is the App Yes 21. *By signing herein are true comply with an may subject m	not covered by E.O. 123 plicant Delinquent On A No this application, I certion, complete and accurate the resulting terms if I acted to criminal, civil, or actifications and assurances	ty Federal Debt? (if "Yes", page 2015) fy (1) to the statements content to the best of my knowled copt an award. I am award dministrative penalties. (U.S.		
Authorized Rep	presentative;			
Prefix:		* First Name:	Olivia	
Middle Name:				
* Last Name:	Puentes-Reynolds			
Suffix:				
Title: Manag	jement Analyst			
Telephone Num	nber: 619-441-1524		Fax Number: 619-441-1330	
- Email: Olivis	a@cl.el-cajon.ca.us			7
* Signature of Au	uthorized Representative:	Completed by Grants, gov upon sub	submission. Data Signed: Completed by Grants.gov upon submission.	,

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

STATE GLENNING T.

909 387 3444 P.05

Application for Federal Assis	stance SF-424		Version 02
Type of Submission: Preapplication Application Changed/Corrected Application	New Continuation * (f Revision, select appropriate letter(s): Other (Specify)	
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier:		
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier: 2006CKWX0702	RECEIVED
State Use Only:	-		JUN 2 9 2007
6. Date Received by State:	7. State Application I	dentifier:	STATE CLEARING HOUSE
6. APPLICANT INFORMATION:			SIAIL ON THE STATE OF THE STATE
* a. Legal Name: County of San Bere	nardino		
b. Employer/Taxpayer Identification	Number (ÉIN/TIN):	° c. Organizational DUNS: 150955516	
d. Addrese:			
Street1: 385 North Arrow treet2: San Bernardino			
County: State: Province: Country:	ÜS	CA: Californie	
* Zip / Postal Code: 92415		·	
e. Organizational Unit: Department Name: Sheriff-Coroner		Division Name:	
f. Name and contact information of	person to be contacted on m	etters involving this application:	
Prefix: Ms. Middle Name: Swing Suffix:	• First Name	Claudia	·
Title: Grants Coordinator/Analyst	·		· · · · · · · · · · · · · · · · · · ·
Organizational Affiliation:			
alephone Number: 909-387-3465		Fax Number: 909-367	
- Email: cswing@sbcsd.org			

909 387 3444 P.06

Application for Federal Assistance SF-424	Version 02
уре of Applicant 1: Select Applicant Туре:	
B: County Government	
Type of Applicant 2: Select Applicant Type:	
	·
Type of Applicant 3: Select Applicant Type:	
<u></u>	
▼ Other (specify):	
l	
* 10. Name of Federal Agency:	
Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	•
!	
CFDA Title;	
* 12. Funding Opportunity Number:	
COPS-SOS-2007-1	
Gure Our Schools	
Quie Out Schools	
13. Competition Identification Number:	
Title:	
	,
<u>8</u>	
14. Areas Affected by Project (Cities, Countles, States, etc.):	
County of San Bernardino	
* 15. Descriptive Title of Applicant's Project:	
CleanSWEEP	
Land to the second of the seco	
ach supporting documents as specified in agency instructions.	
Jd Attachments Delete Attachmente Viaw Attachments	
to Almertonia a reconstruction of the Control of th	

SHERIFF B OF A

909 387 3444 P.07 OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
ongressional Districts Of: * a. Applicant CA-025	b. Program/Project CA-025
Attach an additional list of Program/Project Congressional Districts if needed. Congressional Districts doc Delete Attach	hment View Attachment
17. Proposed Project: a. Start Date: 09/01/2006	• b. End Date: 08/31/2010
18. Estimated Funding (\$):	
*a. Federal 132.757.15 *b. Applicant 132.757.15 *c. State 0.00 *d. Local 0.00 *e. Other 0.00 *f. Program Income 0.00 *g. TOTAL 265,514.30	
 19. Is Application Subject to Review By State Under Executive Order 1 ✓ a. This application was made available to the State under the Executive Order b. Program is subject to E.O. 12372 but has not been selected by the State C. Program is not covered by E.O. 12372. 	ter 12372 Process for review on 06/15/2007 .
` ∠0. Is the Applicant Delinquent On Any Federal Debt? (if "Yes", provid	e explanation.)
21. *By signing this application, I certify (1) to the statements contained herein are true, complete and accurate to the best of my knowledge. It is comply with any resulting terms if I accept an award. I am aware that a may subject me to criminal, civil, or administrative penalties. (U.S. Code ** I AGREE** The list of certifications and assurances, or an internet site where you may specific instructions.	niso provide the required assurances** and agree to ny faise, fictitious, or fraudulent statements or claims e, Title 219, Section 1001)
Authorized Representative:	
Prefix: *First Name: Gary Middle Name: *Last Name: Penrod Sufflx:	
* Tille: Sheriff-Coroner	
* Telephane Number: 909-387-3669	Fax Number: [909-367-
* Email: Iguerra@sbcsd.org	
" Signature of Authorized Representative: Completed by Grants.gov upon submission	Date Signed: Completed by Grants gov upon submission.

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

909 387 3444 P.02

Application for Federal Assis	stance SF-424		Version 02
Type of Submission:	* 2. Type of Application:	° If Revision, select appropriate letter(в):
Preapplication	✓ New		
Application	[] Continuation	Other (Specify)	·
Changed/Corrected Application	[_] Revision		
3. Date Received:	4. Applicant Identifier:		Para
Completed by Granis.gov upon submission.		,	RECEIVED
5a. Federal Entity Identifier:		• 5b. Fadaral Award Identifier:	JUN 2 9 Z007
			2 3 2007
State Use Only:		L	STATE CLEARING HOUSE
6. Date Received by State:	7. State Application	identifier:	906
8. APPLICANT INFORMATION:			
* a. Legal Name: County of San Bern	nardino		
* b. Employer/Taxpayer Identification N	Number (EIN/TIN):	* c. Organizational DUNS;	
95-6002748		150955516	
d. Address:			
* Street1: 385 North Arrow	head Avenue		
Street2:			the state of the s
ity: San Bernardino			
County: San Bernardino			
* State:		CA: California	
Province:			•
* Country:		JSA: UNITED STATES	
▼ Zlp / Postal Code: 92415			
e. Organizational Unit:			
Department Name:		Division Name:	
Sheriff-Coroner		Employee Resources	
f. Name and contact information of	person to be contacted on r	natters involving this application	
Prefix:	* First Nam	e: Claudia	
Middle Name:			
* Last Name: Swing			
Suffix:	Ì		
Title: Grants Coordinator			
Organizational Affiliation:			
			· · · · · · · · · · · · · · · · · · ·
elephone Number: 909-387-3465		Fax Number: 909-3	87-3444
• Email: cswing@sbcsd.org			

SHERIFF B OF A

909 387 3444 P.03

Application for Federal Assistance SF-424 Versi	on 02
ype of Applicant 1: Select Applicant Type:	
B: County Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
▼ Other (specify):	
* 10. Name of Federal Agency: Community Oriented Policing Services	
11. Catalog of Federal Domestic Assistance Number:	
16.710 CFDA Title:	
Public Safety Partnership and Community Policing Grants	
* 12. Funding Opportunity Number:	
COPS-CPD-2007-05	
* Title:	
Recruitment and Hiring	
Some with a force made of the second of the	i i marak
	, ' , ' , ' , ' , ' , ' , ' , ' , ' , '
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
County of San Bernardino	
* 15. Descriptive Title of Applicant's Project:	
San Bernardino County Sheriff Community Oriented Recruiting Program	,,,
Attach supporting documents as specified in agency instructions.	
d Attachmente Delete Attachmente Wew Attachments	

SHERIFF B OF A

909 387 3444 P.04 OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
Congressional Districts Of:	
e, Applicant CA025	b. Program/Project CA025
Attach an additional list of Program/Project Congressional Districts if needed.	
Congressional Districts.doc Defete Atta	chment View Attachment
17. Proposed Project:	
* a, Start Date: 09/01/2007	• b. End Date: 02/28/2009
16. Estimated Funding (\$):	
* a. Federal 170,181.14	
* b. Applicant 0.00	
• c. State 0.00	
d. Local 0.00	
* e. Other 0.00	
*f. Program Income 0.00	
g. TOTAL 170,181.14	
² 19. la Application Subject to Review By State Under Executive Order 12372 Process?	
b, Program is subject to E.O. 12372 but has not been selected by the State for review.	
c. Program is not covered by E.O. 12372.	
ച. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)	
Yes 🛂 No	
21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any faise, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) If AGREE The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: * First Name: Gan	y
Middle Name:	·
* Last Name: Penrod	
Suffix:	·
* Title: Sheriff-Coroner	
* Telephone Number: 909-387-3669	Fax Number: 909-387-3402
* Email: Iguerra@sbcsd.org	
* Signature of Authorized Representative: Completed by Grants.gov upon submission * Date Signed; Completed by Grants.gov upon submission.	